

1206 Roman Drive

Flint, MI 48507

810.347.5650

Department of State Certification

#P000605

Office Hours

Monday through Friday, 9 am to 7 pm

Program S1.9 8-12-24/S1.10 8-12-24

REFUND POLICY

If for any reason the student withdraws from the course before its completion, any refund will be based upon the following:

- a. After two class sessions, the student is eligible for a 75% refund
- b. After the fourth session, 50% refund
- c. Any time after the fourth session, no refund will be given
- d. Extenuating circumstances will be reviewed on an individual basis

BEHIND THE WHEEL INSTRUCTION AGREEMENT AND EXPLANATION

Provider and customer **must sign ONE** of the following agreement options.

Michigan law states that a driver education instructor may not provide individual driving instruction to a student under the age of 18 without parental consent. **By signing option two, you are agreeing to allow individual instruction in the case of an absence, illness or other unforeseen circumstance.**

1. On-the-road instruction agreement

This agreement provides that Frankenmuth Driving School shall have not less than two (2)
Name of Provider

students in the vehicle used by the student or customer during behind-the-wheel instruction.

Parent or Guardian Signature _____ Date of Contract _____

Provider Signature _____

- OR -

2. Parent waiver agreement for individualized on-the-road instruction

By signing below, I, _____, authorize Frankenmuth Driving School
Printed Name of Parent or Guardian Name of Provider

to allow a certified instructor employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle.

Parent or Guardian Signature _____ Date of Contract _____

Provider Signature _____

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SEGMENT ONE REGISTRATION FORM

Please Print

Student Name _____ Age _____ Date of Birth _____
Last First Middle

Address _____ City _____ Zip _____

Mother's Name _____ Mother's Phone _____

Father's Name _____ Father's Phone _____

Emergency Contact _____ Emergency Contact's Phone _____

Note that the student must be at least 14 years and 8 months by the first day of class, which will be verified by birth certificate.

1. Does the student require any special accommodations to participate in the classroom phase (i.e. test being read to him/her, an interpreter, alternate seating arrangements, etc.)? Yes _____ No _____

If yes, please explain:

2. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, etc.)? Yes _____ No _____

If yes, please explain:

3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes _____ No _____

If yes, please explain:

4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (i.e. epilepsy, asthma, color blindness, hearing loss, etc.)? Yes _____ No _____

If yes, please explain:

5. Is the student's visual acuity at least 20/40 corrected? Yes _____ No _____

6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes _____ No _____

7. In the last six months, has the student had a physical or mental condition which could affect his/her ability to drive a motor vehicle safely? Yes _____ No _____

If the answer to question 5 is no, or either of questions 6 or 7 is yes, then the parent or guardian must provide a letter signed by the student's physician indicating that the condition has been corrected and/or is under control, and the student meets the physical and mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

CERTIFICATION

I certify that the information on this form is true and accurate to the best of my knowledge.

Parent or Guardian Signature _____ Email Address _____

Student Signature _____ Date of Contract _____