

Office Hours  
Monday through Friday, 9 am to 7 pm

1206 Roman Drive  
Flint, MI 48507  
810.347.5650

Department of State Certification  
#P000605

**Program S1.1 01-05-26**

Class Dates: January 5,6,7,8,9,12,13,21,22,23,26,27, 2024

Make-up Day (if necessary): January 28, 2024

Class Times: 6:30-8:30 PM

Classroom Location

Frankenmuth High School Rm. 27

525 E. Genesee Street

Frankenmuth, MI 48734

**Please complete and return this contract to the address listed above with a \$400 payment. Note: The State of Michigan mandates a maximum of 36 students per class. Please call to register.**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Frankenmuth Driving School will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program. Classroom instruction must be a minimum of three weeks in length. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction. **BTW instruction must be completed no later than three weeks after the classroom instruction has been completed.**

**TERMS**

1. The student must be at least 14 years and 8 months of age by the first scheduled day of class. Verification by birth certificate is required.  
We certify that this student meets the minimum age requirement, and the birth certificate was presented and reviewed (please initial): School Representative \_\_\_\_\_ Parent or Guardian \_\_\_\_\_
2. **The parent or guardian agrees to remit \$400 payable by cash, check or money order to Frankenmuth Driving School. The student's Segment One Certificate of Completion will be withheld until full payment is made. \$50 of the payment is a non-refundable deposit.**
3. Requirements to pass the course: the student must have 24 hours of class instruction, at least 6 hours of behind-the-wheel training, and 4 hours of observation (while another student is driving). The Department of State requires a minimum score of 70% to pass the final test. A student may retake the written test twice
4. **The student is allowed one absence, which must be made up so that the 24 hours of instruction required by the State is achieved.** In the event of an absence, the instructor must be contacted as soon as possible at 810.347.5650.
5. Students should report to the Frankenmuth High School parking lot to be picked up for behind-the-wheel training. Failure to show up for scheduled drives or the range will result in a \$35 fee assessment.

**REQUIRED LANGUAGE**

NOTICE – this provider is required to be certified by the Secretary of State. If you have complaint which you cannot settle with this provider, write to Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

Student Signature \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

FDS Rep. Signature \_\_\_\_\_ Date of Contract \_\_\_\_\_

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**REFUND POLICY**

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

- After two class sessions, the student is eligible for a 75% refund
- After the third session, which includes behind-the-wheel instruction, 50% refund
- Any time after the fourth session, which includes behind-the-wheel instruction, no refund will be given.
- 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 \_\_\_\_\_