

Learn to Drive, LLC
7665 Highland Rd.
Waterford, MI 48327
248-560-7003



Department Of State Certification #: P000____
Program #: _____
Date Of Class: _____
Class Location: _____

Office Hours: Monday-Sunday 3:00pm-9:00pm

www.learntodrivemi.com

SEGMENT ONE CLASS STUDENT CONTRACT FORM

Student Name: _____
Last First Middle
Date of Birth: _____ Age: _____ School Attended: _____ Grade: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____ Email: _____
Name of Parent or Legal Guardian: _____ Phone: _____
Address (if different): _____ City: _____ State: _____ Zip: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

COURSE PROVISIONS

Learn to Drive, LLC will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time. Classroom instruction must be a minimum of 3 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 3 weeks after the classroom instruction has been completed. **Learn to Drive, LLC** will conduct the behind-the-wheel instruction in a dual-controlled automobile, fully insured, covering each student enrolled in the program.

TERMS OF AGREEMENT

The student must be at least 14 years, 8 months of age by the beginning of class (verification by birth certificate required). Students **MUST** be picked up on time. If the student is absent at any time during a class, he/she must make up the classroom instruction missed during the absence by attending a following class covering the relevant material. (e.g. if a student misses the first scheduled "Day 3" session of the class, the student must attend the next available Segment One, Day 3 class offered).

If student does not adhere to the following rules, the instructor may deduct points, postpone drives, or dismiss student immediately: Students will respect others and instructor; Students will follow instruction given by instructors; No sleeping or head resting; Bring books, pen, and paper to class; Take notes, No talking while instructor is talking; No vandalism of property (anything destroyed will be student's responsibility and subject to be dismissed permanently from class with no refund.); Student dress must be "school appropriate", Use of personal electronic devices is only permitted with instructor permission.

Segment One fee is \$425.00. Any additional hourly Behind the Wheel Coaching fee \$25.00. Postponement of Behind the Wheel Coaching fee \$25.00 (unless postponed twenty-four hours in advance). Textbook replacement fee \$15.00 for damaged textbooks (normal wear & tear is expected and will not incur a fee) or textbooks not returned on the last day class. Replacement of lost Certificate of Completion fee \$10.00. Returned Check fee \$25.00. Payments may be made by cash, check, or payment card (make check or payable to **Learn to Drive, LLC**). Full payment is required the first day of class. **Learn to Drive, LLC** will not refund any fee, tuition, or charge or any part thereof should the school be ready, willing, and able to fulfill its part of the agreement. A textbook will be handed out to each student. If a student needs to postpone a BTW session notice must be received by the instructor or administration office twenty-four hours in advance or the student will be assessed a \$25.00 fee. This fee must be paid in full before any subsequent BTW sessions can be scheduled. Checks returned for any reason will be assessed a \$25.00 fee. **Learn to Drive, LLC** reserves the right to cancel or reschedule courses or classes at its sole discretion.

Passing Segment One course requires a score of at least 70% on the State test in addition to completing any homework assignments. Student will be given up to two (2) additional attempts to pass the test.

I hereby certify that the student named above is my child/ward and that s/he has my permission to participate in the **Learn to Drive, LLC** Instructional Course listed above. I have read, understand, and agree to the above terms of this agreement.

Student Signature Date Parent or Guardian Signature Date

Provider Signature Date

Notice: This provider is required to be certified by the Secretary of State. If you have a complaint which you cannot settle with the provider please complete the Driver Education Complaint form found on the Department of State website www.michigan.gov/teendrivers. Completion of driver training instruction does not guarantee qualification for a driver license.

<p>Option 1: On-the-road student instruction agreement. This agreement provides that Learn to Drive, LLC shall have not less than two (2) students in the vehicle used by the students during behind-the-wheel instruction.</p> <p>NOTE: If you choose this option we may not drive your student alone. We must have 2 students in the car at all times. If your student's driving partner does not show up we will not be able to provide a lesson to your student unless a family member rides along. The lesson will have to be rescheduled.</p> <p>_____ Parent or Guardian Signature Date</p> <p>_____ Provider Signature Date</p>	<p>Option 2: Parent waiver agreement for individualized on-the-road instruction. By signing below, I, _____, authorize Learn to Drive, LLC to allow a certified instructor employed by Learn to Drive, LLC to offer my child on-the-road driving instruction without another passenger in the vehicle.</p> <p>Printed Name of Parent/Guardian</p> <p>NOTE: If you choose this option we are allowed to drive with your student alone if his/her driving partner does not show up.</p> <p>_____ Parent or Guardian Signature Date</p> <p>_____ Provider Signature Date</p>
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Segment One Registration Form

Please Print

STUDENT FULL NAME: _____

ADDRESS: _____ Last First Middle CITY: _____ ZIP CODE: _____

PHONE: _____ BIRTHDATE: _____ **BIRTHDAY WILL BE VERIFIED BY BIRTH CERTIFICATE.** Student must be at least 14 years and 8 months by the first day of class.

PARENT/GUARDIAN'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, an interpreter, 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 (epilepsy, asthma, color blindness, hearing loss)? 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 affected 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/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

Date

Student Signature

Date