

Motor City Driving Academy, LLC.

State Certification # P000426

Office Hours: Appointment only Monday- Thursday, Friday 11:00 a.m. – 1:00 p.m.

Business Address: 5640 W. Maple Rd., Suite 203 West Bloomfield, MI 48322

Office: (248) 461-3274 Fax: 248- 653-6011

TEEN SEGMENT 1 CONTRACT

Classroom Location: _____ Program# _____

Student: (last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ D.O.B.: _____

Parent/Guardian's Name: _____ Parent's/Guardian's Phone #: _____

Parent/Guardian's Address (if different than above): _____ City: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Dates of Class: _____ (Parent Meeting) Time: _____

TEEN SEGMENT 1 PROVISIONS

1. Motor City Driving Academy, 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 with a certified Michigan Driver Education Instructor.
2. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed.
3. Motor City Driving Academy, LLC. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.
4. The student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate is required. _____

TEEN SEGMENT 1 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$_____ on or before the first day of class in the form of; cash, debit, or credit card. **(A Processing fee of 2% will be charged when processing a credit or debit transaction)**
2. The student and at least one Family Partner must attend the mandatory Parent Meeting (prior to class starting to make sure all documents are turned in).
3. The student may miss class only for an illness or emergency with documented proof presented to the instructor. The student is required to make up the same class session missed (e.g., The student missed day 5 and must attend day 5 of the next available segment 1 course.) A student will be charged \$75.00 fee for missing class and must attend makeup class.
4. All students must call to reschedule all BTW missed appointments within 24 hours.
5. A fee of \$35.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation.

REQUIRMENTS TO PASS COURSE

1. The Student will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70%.

REFUND POLICY

1. There will be NO REFUNDS after the above student has been enrolled in class. Credit only.
2. Student must be re-enrolled within 90 days or funds will be forfeited.

BTW WAIVER

Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing.

I, the Parent/Legal Guardian of the Student, waive this requirement.

I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Motor City Driving Academy, LLC. By: _____
Signature of Provider Owner

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes No If yes, please explain: _____
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes No If yes, please explain: _____
3. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes No If yes, please explain: _____
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes No If yes, please explain: _____
5. Is the Student's visual acuity at least 20/40? 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 would affect his/her ability to drive a motor vehicle safely? Yes No

If the answer to question 5 is No or to questions 6 or 7 is Yes, then the Parent/Guardian must provide a letter signed by the student's optometrist or 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Motor City Driving Academy, LLC., By: _____ Owner/President
Signature of Provider Owner

VISION SCREENING TEST (MUST BE SIGNED BY AN PHYSICIAN)

I, _____ (STUDENT NAME) have been administered a vision screening test _____ (DATE)

By _____ (PHYSICIAN OR INSTRUCTOR NAME) and received a visual acuity score of at least 20/40 corrected.

NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the Driver Education Complaint form found on the Department of State website; www.michigan.gov/teendriver. Completion of driver education instruction does not guarantee qualification for a driver license.

Revised 12/2021