

THE DRIVERS SEAT LLC 313-995-5476 Office Hours: By Appt www.thedriversseat2.com

ADULT STUDENT REGISTRATION FORM AND CONTRACT

Provider Certificate Number: P000685 Program #: N/A

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 under "Traffic Safety Programs Division" on the Department of State website; www.michigan.gov/sos. Completing driver education does not guarantee a driver's license.

Name: _____ D.O.B: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Student's Cell Phone: _____ Email Address: _____

Temporary Instruction Permit #: _____ EXP Date.: _____

THE DRIVERS SEAT LLC will provide Adult Lessons adhering to the following fee schedule: 3 hours behind the wheel at \$225, 1.5 hours (30 min parking, 1 hour driving \$125) 1 hour parking \$85 OR SELECTED SKILL OF STUDENT CHOICE 1 HOUR AT \$85. **All fees are non-refundable. In the event of a driving appointment cancellation in less than 2 hours prior to scheduled appointment, a cancellation fee of \$30 will be charged and must be paid prior to the next scheduled drive session.** Tuition may be paid via online payment, cash or money order made payable to The Driver's Seat LLC. Is the student's visual acuity at least 20/40 corrected? This is the minimum visual acuity to be eligible for an unrestricted license. YES _____ NO _____. Are there any special needs or medical conditions that would pose a concern with the student's behind the wheel instruction (epilepsy, color blindness, hearing loss, medication)? YES _____ NO _____. If YES, please explain: _____

Students must provide a letter is signed by the student's physician indicating that medical conditions have been corrected and/or are under control, and the student meets the physical and the mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309. THE DRIVER'S SEAT LLC will conduct the behind-the wheel instruction in a dual-controlled automobile that is fully insured, covering each student enrolled in the program. CERTIFICATION: I agree with the terms and conditions described and certify that the information on this form is true and accurate to the best of my knowledge.

- *I certify that the information on this form is true and accurate to the best of my knowledge.*
- *Any lessons paid for and not completed within 6 months are null and void and are non refundable.*
- *Pick up drop off is available at the rate of \$20 within 5 miles of the Wayne location and prorated thereafter.*

PARENT SIGNATURE DATE: _____

STUDENT SIGNATURE DATE: _____

PROVIDER REPRESENTATIVE SIGNATURE DATE: _____