



**Mister B's Driving Academy, LLC**  
**643 Shadow Brooke Lane**  
**Tecumseh, MI 49286**  
**517.902.7672 info@MrBDrives.com**

Office Hours: 9am – 5pm Monday-Friday Department of State Certification: # P000690

**SEGMENT 1 CONTRACT**

Program Number: \_\_\_\_\_ Classroom Location: \_\_\_\_\_ Dates of Class: \_\_\_\_\_

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

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

Student Cell Phone \_\_\_\_\_ Student email \_\_\_\_\_

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

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

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

**COURSE PROVISIONS**

Mister B's 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 in a dual controlled automobile, fully insured, covering each student enrolled in the program. 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.

**REQUIRED LANGUAGE**

**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](http://www.michigan.gov/teendriver). Completion of driver education instruction does not guarantee qualification for a driver license.

**TERMS**

1. The student must be at least 14 years/8 months of age by the first scheduled day of class (verification by birth certificate required).
2. The parent or guardian agrees to pay the amount of \$\_\_\_\_\_ which needs to be paid in full by the 3<sup>rd</sup> day of class.
3. Mister B's Driving Academy, LLC accepts cash, check or credit card. Payment plans are available by calling 517.902.7672.
4. Requirements to pass the course: *Pass State Test and Behind the Wheel Evaluation.*
5. The required score to pass the STATE TEST is 70%. *Student will be given up to two additional attempts to pass the test.*
6. *There is a \$20 fee for lost or damaged textbooks.*
7. In the event of a driving appointment cancellation, a cancellation fee of \$25 will be charged.
8. A student may miss up to 2 days with a reasonable excuse (e.g. illness, family matter). The days must be made up at the end of the class or in a future Segment 1 class.
9. At least 2 students will be in the driver education vehicle whenever BTW instruction is provided.
10. Classes are held at Adrian High School, 785 Riverside Ave., Adrian, MI 49221 or at 324 East Maumee St., Adrian MI 49221

**REFUND POLICY**

If for any reason you decide to withdraw from the course before its completion, your refund will be based on the following:  
A full refund will be given if student withdraws prior to class beginning  
50% refund will be issued if student withdraws prior to any BTW instruction. Once the BTW instruction begins, no refund will be issued.



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 describe \_\_\_\_\_

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.

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
School Representative Signature

\_\_\_\_\_  
Date of Contract



The law requires that Mister B’s Driving Academy, LLC provide behind-the-wheel instruction with not less than 2 students in the training vehicle. That requirement may be waived if the parent/legal guardian signs the waiver agreement below, allowing for their son or daughter to be given individualized lessons. The student 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.

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

By signing below, I, \_\_\_\_\_, authorize

Printed name of Parent/Guardian

Mister B’s Driving Academy, LLC to allow a certified instructor employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle.

\_\_\_\_\_

Signature of Parent/Guardian

Date

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