



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/teendrivers. 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 3rd 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.