Segment I Contract

Gladwin Driving School LLC
Office: 1695 Timothy St. Gladwin, MI 48624 (989) 426-7815
Hours 8:00 a.m. – 5:00p.m. M-F

Gladwin Driving School Program #_____
Gladwin Driving School License #_____

This contract is entering into, by, and between Gladwin Driving School LLC and Name of Student (**AS IT APPEARS ON BIRTH CERTIFICATE**)

Name _____High School_____
First Middle Last

Address_____ City _____ State_____ Zip_____

Day Time Phone Number _____ Evening Phone Number _____

Student's Birth Date _____ Age _____ Student must be fourteen years and eight months of age by the beginning of class (**VERIFICATION BY BIRTH CERTIFICATE REQUIRED**)

List class location and starting date _____

This school shall provide a total of thirty hours of instruction for a fee of $450.00 paid by cash or check. Instruction shall include a maximum of six hours driving by the student and twenty-four hours of classroom time completed in the hours set by the school. The school will provide the licensed instructor, a vehicle and fuel for the driving instruction. Also, the school shall supply all required written materials. All homework must be completed and the student must score 70% or better on all tests including the State Test. Gladwin Driving School will conduct the behind-the-wheel instruction in a dual controlled automobile, fully insured, covering each student enrolled in the program. No instruction shall commence until the student has paid all fees in full and has submitted a photocopy of his/her birth certificate. REFUND POLICY: Upon failure on the part of the student to complete the course of instruction, a refund will be granted as follows: For each hour of driving time unused, one tenth of the total tuition will be refunded. No refund will be issued if the student is expelled due to disciplinary problems. No refund after the tenth hour of classroom time is completed. A full refund will be issued if the student cancels twenty-four hours before the first class. Only one makeup day will be offered at the end of the course for those with one absence. More than one absence will result in dismissal of the student from class. In the event a second permit is needed a $10.00 fee will be charged.

Parental Permission for Driver Education Instruction: I hereby give consent for my son/daughter, as stated above, to take a complete course of Driver's Education, which includes the thirty hours of instruction listed in this contract. This course is conducted under the supervision of a state certified instructor.

Today's Date_____ Parent Signature_____

NOTICE: This school is required to be licensed by the Michigan Department of State, Program Operations Division. If you have a complaint, which you cannot settle with this school, write to: Michigan Department of State, Programs Operations Division, Lansing, MI 48918. Completion of driver training instruction does not guarantee qualification for a driver's license. The Driving Record for each individual instructor is available for review upon request.

ADDITIONAL INFORMATION REQUIRED

Family Doctor_____ Telephone_____

Does the student have any physical and/or learning disabilities the Gladwin Driving School LLC should be aware of?_____ If yes, please explain _____

_____

Is the student currently taking medication? _____ If yes, please explain _____

Does the student wear corrective lenses? _____ Vision was last checked on _____

Has the student ever taken Driver's Education before? _____

Has the student ever had a license suspended or revoked? _____

By signing this disclaimer, I hereby agree that my child is mentally and physically able to complete the required behind-the-wheel training with a licensed driving instructor and does not have a mental and/or physical disability. My child is not taking any medication that may cause endangerment or comprise the well-being of the driving instructor or passenger. I understand that if my child does have a disability or is on medication that may endanger the well-being of the driving instructor or passenger, and I the parent or guardian do not disclose this information to Gladwin Driving School, said company has the right to discontinue driver education for my child at any given time. I also understand that any damages caused by my child that may occur during drive times, as a result of not disclosing any disabilities and/or medications, become my responsibility as a parent/guardian.

Date _____ Parent/Guardian Signature _____

Date _____ Student Signature _____

Date _____ Driving School Representative _____

Behind-the-wheel-driving for teens is scheduled with two students in the car at the same time under the supervision of a licensed driving instructor. If unforeseen circumstances arise, however, I give permission for my son/daughter to drive with a certified driving instructor, unaccompanied by another student. I understand that it is imperative that my child arrives on time for his/her scheduled driving. Students who need to change a driving time must call the instructor at least twenty-four hours in advance or a $20.00 fee is charged. Student will not drive again until this is paid.

Date _____ Parent/Guardian Signature _____

Date _____ Student Signature _____