

Segment II 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

Program # _____

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 _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Phone Number _____ Birth Date _____ Age _____

State of Michigan Segment I Certification Number _____
(Example: K123 456 789 123)

List class location and starting date _____

This school shall provide a total of six hours of instruction for a fee of \$45.00 paid by the first class by cash or check. The school will provide six hours of in-class Defensive Driving instruction by a licensed instructor. Also, the school shall supply all required written materials. All homework must be completed for the student to pass Segment II. For a student to take part in Segment II, verification must be received that the student has completed a minimum of thirty hours of driving (including two hours at night) with a licensed parent or guardian (or parent designee) on a level one license, and there has elapsed a minimum of 90 days since the level one license was issued from the state. 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.

REFUND POLICY: A full refund will be issued if the student cancels twenty-four hours before classroom time starts. Once the class starts, and twenty-four hours prior to the first class, there will be NO REFUNDS. There is a \$10.00 fee to issue a second permit.

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.

Date _____ Parent/Guardian Signature _____

Date _____ Student Signature _____

Date _____ School Representative _____