

Excellant Driving School LLC

9000 Middlebelt Road • Livonia • MI • 48150 • (734) 293-5889

State Certification # P000109 • Office Hours: Monday - Thursday, 10:00 a.m. – 2:00 p.m.

Program Number #: **TEEN SEGMENT 1 CONTRACT** Classroom Location: Excellant Driving School

Student: (last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ D.O.B.: _____

Parent/Legal Guardian's Name: _____ Parent's/Legal Guardian's Phone #: _____

Parent/Legal Guardian's Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Dates of Class: _____ (Parent Meeting 6 – 8 PM) Time: _____ :

TEEN SEGMENT 1 PROVISIONS

1. Excellant Driving School 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 with a certified Michigan Driver Education Instructor.
2. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed.
3. Excellant Driving School LLC. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.
4. The Student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate is required.

TEEN SEGMENT 1 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$500 on or before the first day of class in the form of cash, check, or credit card*. Two (2) Installments are allowed; (1) \$250 due on or before the first day of class (2) Remaining \$250 due prior to end of course.
2. The Student and at least one Family Partner must attend the mandatory Parent Meeting.
3. The Student may miss class only for an illness or emergency with documented proof presented to the instructor. The student is required to make up 3 missed classes before the student will have to repeat Segment 1 course, no refund will be given unless documentation is provided.
4. A fee of \$30.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation.*
5. A fee of \$50.00 will be charged for each lost or damaged textbook or workbook.
6. A fee of \$30.00 will be charged for each request for a replacement of a Segment One Completion Certificate.

REQUIREMENTS TO PASS THE COURSE

1. **The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.**

REFUND POLICY

1. Before the beginning of the third class session, 80% of the total tuition will be refunded if no BTW instruction was given.*
2. After the beginning of the third class session, no refund shall be given.*

BTW
WAIVER

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Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing.

I, the Parent/Legal Guardian of the Student, waive this requirement.

I understand that my son/daughter 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Excellant Driving School LLC. By: _____ Owner/President
(EXAMPLE – DO NOT TYPE IN CONTRACT, Provider Name Signature of Provider Owner Title)

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes No If Yes, please explain: _____
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes No If Yes, please explain: _____
3. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes No If Yes, please explain: _____
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely?
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 would affect his/her ability to drive a motor vehicle safely? Yes No

If the answer to any of questions 5 – 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Excellant Driving School LLC. By: _____ Owner/President
(EXAMPLE – DO NOT TYPE IN CONTRACT, Provider Name Signature of Provider Owner Title)

VISION SCREENING TEST

I, _____ have been administered a vision screening test
(SIGNATURE OF STUDENT NAME) on _____ (DATE)

by _____ and received a visual acuity score of at least 20/40 corrected.
(INSTRUCTOR NAME)

Payment amount: _____ Date(s): _____ Type: _____