

ADULT BEHIND-THE-WHEEL CONTRACT

Excellant Driving School, LLC
9000 Middlebelt Rd, Livonia, MI 48150
(734) 293 - 5889 • Monday - Thursday, 10:00 am - 2:00 pm

Student: _____

First Middle Last

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ D.O.B.: _____

License | Permit #: _____ Issue Date: _____ Expiration Date: _____

Emergency Contact: _____ Phone: _____

Dates of drives, time of drives, and pick up location: *Will be agreed upon between EDS and student* Course Fee: \$ _____

ADULT BEHIND-THE-WHEEL PROVISIONS

1. Excellant Driving School will conduct the behind-the-wheel (BTW) instruction in a dual-controlled automobile that is insured by the Provider to cover your enrollment in the program.
2. You must be at least 18 years of age by the first day that behind-the-wheel instruction is given. Verification by a copy of the Temporary Instruction Permit (TIP) or valid license is required.

ADULT BEHIND-THE-WHEEL TERMS

1. You agree to purchase driving instructions at \$60 per hour of behind-the-wheel instruction for a total of: \$ _____. The total amount must be paid on or before the first BTW instruction in the form of: cash, check, or credit card.
2. Any purchase of 6 hrs. or more will have the option of pick up at location designated by parent and agreed upon by EDS for an additional cost.
3. Hours must be used within the first 12 months of date purchased. No refund for any drive times remaining after 12 months.
4. A fee of \$50.00 will be charged if 48 hours advance notice is not given for a driving appointment cancellation.

REFUND POLICY

1. After the beginning of behind-the-wheel instruction, no refund shall be given.

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Do you require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)?
If Yes, please explain: _____
2. Are there any medical conditions that would pose a concern with your BTW instruction (e.g., epilepsy, color blindness, etc.)?
If Yes, please explain: _____
3. Are you taking any medications that may affect his/her ability to drive a motor vehicle safely?
If Yes, please explain: _____
4. In the last six months, have you had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?
Yes, please explain: _____
5. In the last six months, have you had a physical or mental condition which would affect your ability to drive a motor vehicle safe?
If Yes, please explain: _____

Date: _____ Student Name: _____ Signature: _____

Date: _____ Provider Name: Excellant Driving School LLC Signature: _____

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 DES-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.