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.

TEEN SEGMENT 2 CONTRACT Classroom Location: Excellant Driving School

		3.3.30.00			
Student: (last)		(first)		(middle)	
Address:		City:		Zip:	
Home Phone:		Age:	D.O.E	3.:	
Parent/Legal Guardian's Name:		Parent/Legal Guardian's Phone #:			
Parent/Legal Guardia	an's Address:		City:	Zip:	
Emergency Contact:		Phone #:			
Dates of Class:				Time:	
TEEN SEGMENT 2	DDOVISIONS				
Excellant Driving Driver Education A driving log mus hours at night) wi	School LLC will provide a management of the presented to verify that the a licensed parent/guardia instructor on or before the force the force of the school	uction shall not exceed 2 the student has complet in or a designated license	hours per day. ed a minimum of 30 ho	ours of driving (including 2	
-	t initials	Seg. 2 Instructor ini	tials		
3. The Student mus	The Student must have held a Level 1 License for not less than 3 continuous months.				
TEEN SEGMENT 2	TERMS				
The Parent or Leg cash or credit car	gal Guardian agrees to pay d.*	the total amount of \$70 c	on or before the first da	y of class in the form of	
2. The Student and	at least one Family Partner	must attend the mandato	ory Parent Meeting.		
student is require	miss class only for an illnes d to make up the same clas ble segment 2 course.).				
4. A fee of \$50.00 w	A fee of \$50.00 will be charged for each lost or damaged textbook or workbook.				
	rill be charged for each requ O PASS THE COURSE	est for a replacement of	a Segment Two Comp	letion Certificate.	
1. The Student will be	pe allowed up to three attem equire above 70% such as 7	opts to pass the State Exa 75%).*	am, which requires a s	core of at least 70 (or any	
REFUND POLICY					
1. After the beginning	ng of the first class session,	NO REFUND shall be given	/en.*		
ACCOMMODATION	IS/MEDICAL CONDITIONS				
 Does the Student interpreter, etc.)? 	require any special accomi Yes No If Yes,				
Date:	Student Signature:				
Date:	Parent/Legal Guardian	Signature:			
Date:	Excellant Driving School	ıl LLC. By:		Owner/President	
	Provider Name	-	Signature of Provider/ Ow	ner Title)	