



**GOOD DRIVERS DRIVING SCHOOL INC**

**SEGMENT 1 CONTRACT FORM**

STUDENT FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ *FIRST* \_\_\_\_\_ *MIDDLE* \_\_\_\_\_ *LAST* \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ PARENT/GUARDIAN PHONE#: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ WORK #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**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., ADAPTYIVE DEVICES, INTERPRETER, ETC.)? YES \_\_\_ NO \_\_\_ IF YES EXPLAIN: \_\_\_\_\_
3. ARE THERE ANY MEDICAL CONDITIONS THAT WOULD POSE A CONCERN WITH THE STUDENTS BTW INSTRUCTION (E.G., EPILEPSY, COLOR BLINDNESS, ETC.)? YES \_\_\_ NO \_\_\_ IF YES 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 STUDENTS VISUAL ACUITY AT LEAST 20/40 CORRECTED? YES \_\_\_ NO \_\_\_ GLASSES/CONTACTS \_\_\_\_\_
6. IN THE LAST 6 MONTHS, HAS THE STUDENT HAD A FAINTING SPELL, BLACKOUT, SEIZURE, OR OTHER UNCONTROLLED LOSS OF CONSCIOUSNESS? YES \_\_\_ NO \_\_\_ WHICH? \_\_\_\_\_
7. IN THE LAST 6 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 YES EXPLAIN: \_\_\_\_\_

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 RQUIREMENTS FOR A MOTOR VEHICLE OPERATOR'S LICENSE UNDER SECTION 309 OF THE MICHIGAN VEHICLE CODE, 1949 PA 300, MCL 257.309.

**CERTIFICATION: I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

DATE SIGNED \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**Good Drivers Driving School Inc.**

3015 WAYNE RD  
WAYNE MI 48184  
(734) 679-0354

PROVIDER#: P000095

**PHONE HOURS:** TUESDAY – FRIDAYS 9A-6P  
**IN-OFFICE HOURS:** FRIDAYS 10:00A – 2:00P  
**CLOSED SUNDAYS - MONDAYS**

**Office Use Only**

Payment made:  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
Payment type: PP \_\_\_\_\_ Due Date \_\_\_\_\_  
Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check#: \_\_\_\_\_  
Pay Pal \_\_\_\_\_ Venmo \_\_\_\_\_ Zelle \_\_\_\_\_ Chime \_\_\_\_\_  
CASH APP \_\_\_\_\_ SEG. 1&2 PAID \_\_\_\_\_  
GDDS WEBSITE \_\_\_\_\_  
Bank Name for Check:  
\_\_\_\_\_

**SEGMENT 1 STUDENT CONTRACT**

**Student FULL Name:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Students Ph#:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**Classes will be held at: 3015 S. WAYNE RD**

***DATES AND TIMES OF CLASS WILL BE GIVEN ON A PRINTED SHEET WITH INSTRUCTIONS FOR CLASS AT TIME OF ENROLLMENT. THOSE WHO SIGNED-UP VIA INTERNET HAS ALREADY RECEIVED THE CLASS SCHEDULE IN THEIR EMAIL FROM GDDS.***

**Segment I Teenage/Adult Course Provisions**

1. Good Drivers Driving School Inc. will provide a minimum of 24 hours of classroom instruction and a minimum of 6 hours of behind the wheel instruction, and 4 hours of observation time.
2. Michigan law mandates that permits are to be given to students who are under 18years old who have passed the behind-the-wheel portion as well as the State of Michigan written test with a score of 56pts.or higher out of a possible 80 pts. Students may take two retakes of the test.
3. Good Drivers Driving School Inc. will conduct behind the wheel instruction in a dual-controlled automobile, fully insured, covering each student enrolled in the program.
4. Driving tasks to be achieved include:
 

|                            |                        |                          |
|----------------------------|------------------------|--------------------------|
| <i>Turning Maneuvers</i>   | <i>Backing</i>         | <i>Proper Lane Usage</i> |
| <i>Parking</i>             | <i>Freeway Driving</i> | <i>Highway Driving</i>   |
| <i>Residential Driving</i> | <i>City Driving</i>    | <i>Rural Driving</i>     |
5. Upon successful completion of the course, the student will be issued a “Michigan Driver Education Certificate of Completion” attesting to his/her completion of the requirements that the Michigan Department of State has set for Segment I under the graduated licensing law. **Adults 18 and older No completion certificate will be issued it is not required by law.**

**REFUND POLICY**

1. Students who enroll in the driver program will receive **NO REFUND** but will be able to take another upcoming class within 6 months of the sign-up date in the cases of illness, death in the family as well as cancellation of said date of class or any mandated shut-down (ex: covid-19 etc.).
2. Students who drop out or are terminated from Segment 1 due to attendance (absences, no call no show, tardiness (more than 15 minutes), eligibility, or disciplinary actions including, not following instructions given by instructor in-class and/or behind the wheel, **will not be refunded.**
3. **NO REFUNDS GIVEN IF STUDENT IS NOT SUCCESSFUL AT PASSING COURSE.**

**GOOD DRIVERS DRIVING SCHOOL INC. SEGMENT 1 TERMS**

1. The parent or guardian authorizes the student to take part in the program on the basis that the student meets the physical requirements specified by law for issuance of a motor vehicle operator’s license.
2. **The student must be AT LEAST 14** years and 8 months of age by the beginning of class and verification is required.
3. The parent/guardian agrees to pay the amount of **\$450** or any current promotional fee upon registration ex: minimum down payment of **\$225** deposit for payment plan to begin Segment 1 **when offered.**
4. There is a **\$40 charge for all returned checks** (NO CHECKS ON FINAL PAYMENT).
5. Final payment is due the end of the second week of class (Sunday) unless other arrangements have been agreed upon with GDDSI and a receipt provided corresponding with agreement. **NOTE: ALL BTW SESSIONS WILL PAUSE UNTIL FULL PAYMENT IS MADE INCLUDING LATE FEES.**
6. **All late payments will be assessed a \$25 late fee** in order to receive completion certificate.
7. **Students that miss any session including test re-take day** due to illness or other absence will be required to make up that day at a time given by the instructor and will be assessed a make-up fee. **TEST RE-TAKES and MAKE-UP FEES will be charged a \$25 fee** each re-take up to 2. **(CLASS LESSONS ARE REVIEWED DAILY AND NOTES SHOULD BE TAKEN BY STUDENT TO AVOID RE-TAKES).**
8. **Only one (1) missed behind-the-wheel (btw) session is allowed because schedule is set according to the students availability that was given at orientation. Any changes to that said availability are due by 8pm every Saturday or student must re-take class. A missed btw will be charged \$40** payable before next scheduled btw session. **Only ONE missed classroom session or 2 hours total are allowed to be missed and will be charged \$25 per hour missed. (16 minutes late is counted as an hour missed).**
9. ALL BEHIND THE WHEEL/OBSERVATION SHEETS MUST COMPLETED BY THE END OF THE COURSE. **THERE WILL BE A \$25 FEE IF TEACHER HAS TO HELP TO COMPLETE FORM.** (STUDENTS ARE RESPONSIBLE FOR FILLING OUT FORMS ON A DAILY BASIS AND SHOULD ASK FOR ADDITIONAL ASSISTANCE PRIOR TO END OF COMPLETION).
10. **All fees must be paid before any completion certificate is given.**
11. The parent/guardian will be given at completion a Driving Skills Report Card which will help improve the behind-the wheel maneuvers students learned/demonstrated in Segment 1.
12. **Students who are unsuccessful on the final evaluation form for the behind the wheel portion after 2 drives will be allowed to re-take Segment 1 for a reinstatement fee of \$225 within 3 months of the date on the reinstatement form signed by the parent/guardian of the student.**
13. **A parent or guardian will be scheduled to ride with student btw at least one session if needed to ensure that proper maneuvers are practiced once course is completed. This is for 17 years and under.**

**WE, THE UNDERSIGNED, UNDERSTAND THE ABOVE PROVISIONS.**

|                              |      |                                  |
|------------------------------|------|----------------------------------|
| Signature of Student         | Fee  | Instructors Signature            |
| Signature of Parent/Guardian | Date | Authorized School Representative |

**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 Driver Education Complaint Form on the Department of State website; [www.michigan.gov/teendrivers](http://www.michigan.gov/teendrivers). Completion of driver training instruction does not guarantee qualification for a driver license.**

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# GOOD DRIVERS DRIVING SCHOOL INC

## BTW WAIVER

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. CHECK \_\_\_\_\_

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/GUARDIAN SIGNATURE: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_ GOOD DRIVERS DRIVING SCHOOL \_\_\_\_\_

DATE: \_\_\_\_\_ PROVIDER SIGNATURE: \_\_\_\_\_

**PLEASE NOTE: DRIVING SCHEDULES ARE GIVEN VIA PHONE PHOTO TO STUDENTS AND STUDENT SENDS TO PARENT/GUARDIANS EVERY SUNDAY. SCHEDULE CHANGES NEED TO BE MADE BY 8PM THE SATURDAY BEFORE, OTHERWISE SCHEDULE STAYS AS IS AND STUDENT IS RESPONSIBLE FOR ATTENDING SCHEDULED BTW SESSION. (SEE TERMS)**

**BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THIS STUDENT CONTRACT/FORM{S} EITHER BY A PRINTED COPY OR A PHOTO COPY TAKEN EITHER BY YOU OR SENT TO YOU BY GOOD DRIVERS DRIVING SCHOOL INC AND AGREE ACCORDINGLY.**

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

DATE: \_\_\_\_\_