SEGMENT ONE CONTRACT

Office Hours Monday through Friday, 9 am to 7 pm 1206 Roman Drive Flint, MI 48507 810.347.5650

Department of State Certification #P000605

Program S1.9 8-12-24/S1.10 8-12-24

Classroom Location

Class Dates: August 12,13,14,15,16,19,20,21,22,23,26,27, 2024

Frankenmuth Credit Union

Make-up Day (if necessary): August 28, 2024

580 N. Main St.

Class Times: 9:00-11:00 AM or 4:00-6:00 PM (Circle one)

Frankenmuth, MI 48734

Please complete and return this contract to the address listed above with a \$380 payment. Note: The

	te of Michigan mandates a					
Stu	ident Name			Age	Date of Birth	
	Last	First	Middle			
Ad	dress		City		Zip	
Pai	rent's Name		Phone			
Ad	dress (if different)		City		Zip	
Em	ergency Contact		Emergency Conta	act Phone		
ins we cla ins	nind-the-wheel (BTW) instruction ured, covering each student eks in length. BTW instruction ssroom instruction. BTW instruction has been completed.	enrolled in the progon shall not begin utruction must be coll.	gram. Classroom ntil the student h ompleted no later TERMS	instruction r as received a than three v	must be a minimum of three a minimum of 4 hours of weeks after the classroom	
1.	The student must be at least 14 years and 8 months of age by the first scheduled day of class. Verification by birth certificate is required.					
	We certify that this student meets the minimum age requirement, and the birth certificate was presented and reviewed (please initial): School Representative Parent or Guardian					
2.	The parent or guardian agrees to remit \$380 payable by cash, check or money order to Frankenmuth Driving School. The student's Segment One Certificate of Completion will be withheld until full payment is made. \$50 of the payment is a non-refundable deposit.					
3.	Requirements to pass the course: the student must have 24 hours of class instruction, at least 6 hours behind-the-wheel training, and 4 hours of observation (while another student is driving). The Department of State requires a minimum score of 70% to pass the final test. A student may retake the written test twice					

- 4. The student is allowed one absence, which must be made up so that the 24 hours of instruction required by the State is achieved. In the event of an absence, the instructor must be contacted as soon as possible at 810.347.5650.
- 5. Students should report to the Frankenmuth Credit Union parking lot to be picked up for behind-thewheel training. Failure to show up for scheduled drives or the range will result in a \$35 fee assessment.

REQUIRED LANGUAGE

NOTICE – this provider is required to be certified by the Secretary of State. If you have any complaint which you cannot settle with this provider, please write to Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

Student Signature	Parent or Guardian Signature
FDS Rep. Signature	Date of Contract

1206 Roman Drive

Office Hours

Monday through Friday, 9 am to 7 pm

Program S1.9 8-12-24/S1.10 8-12-24

Flint, MI 48507 810.347.5650

Department of State Certification #P000605

REFUND POLICY

If for any reason the student withdraws from the course before its completion, any refund will be based upon the following:

- a. After two class sessions, the student is eligible for a 75% refund
- b. After the fourth session, 50% refund
- c. Any time after the fourth session, no refund will be given
- d. Extenuating circumstances will be reviewed on an individual basis

BEHIND THE WHEEL INSTRUCTION AGREEMENT AND EXPLANATION

Provider and customer must sign **ONE** of the following agreement options.

Michigan law states that a driver education instructor may not provide individual driving instruction to a student under the age of 18 without parental consent. By signing option two, you are agreeing to allow individual instruction in the case of an absence, illness or other unforeseen circumstance.

1. On-the-road instruction agreement						
This agreement provides that <u>Frankenmuth Driving School</u> shall have not less than two (2)						
Name of Provider						
students in the vehicle used by the student or customer during behind-the-wheel instruction.						
Parent or Guardian Signature Date of Contract						
Provider Signature						
- OR -						
2. Parent waiver agreement for individualized on-the-road instruction						
By signing below, I,, authorizeFrankenmuth Driving School, Name of Provider						
to allow a certified instructor employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle.						
Parent or Guardian Signature Date of Contract						
Provider Signature						

Frankenmuth Driving School, Inc.

1206 Roman Drive

Office Hours

Flint, MI 48507

Department of State Certification #P000605

Monday through Friday, 9 am to 7 pm Program S1.9 8-12-24/S1-10 8-12-24 SEGMENT ONE REGISTRATION FORM

810.347.5650

Please Print ____ Age ____ Date of Birth ____ Student Name ____ First Mother's Phone _____ Mother's Name _____ Father's Name Father's Phone Emergency Contact _____ Emergency Contact's Phone _____ Note that the student must be at least 14 years and 8 months by the first day of class, which will be verified by birth certificate. 1. Does the student require any special accommodations to participate in the classroom phase (i.e. test being read to him/her, an interpreter, alternate seating arrangements, etc.)? Yes No If yes, please explain: 2. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, etc.)? Yes _____ No ____ If yes, please explain: 3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes No If yes, please explain: 4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (i.e. epilepsy, asthma, color blindness, hearing loss, etc.)? 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 could affect his/her ability to drive a motor vehicle safely? Yes No If the answer to question 5 is no, or either of questions 6 or 7 is yes, then the parent or 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. **CERTIFICATION** I certify that the information on this form is true and accurate to the best of my knowledge. Parent or Guardian Signature ______ Email Address _____

Student Signature _____ Date of Contract _____