

Dickinson Area Driving School, Inc.

Contract # _____

940 Ford St, Kingsford, MI 49802

Phone: (906) 828 - 1945

License #P000029 Program #S2.02.17.25

Business Hours: M-F 9 am – 5 pm (Central Time)

*Hereinafter known as DADS

SEGMENT 2 CONTRACT UNDER 18 APPLICATION AND AGREEMENT FOR DRIVER EDUCATION AND TRAINING (14 years 8 months through 17 years of age)

Classroom instruction will be held at Kingsford High School class 102 (enter by high school office and follow the signs for the classroom).

Class Dates (three 2-hour classes):

1. Monday, February 17 2025 (4-6pm)
2. Tuesday, February 18, 2025 (4-6pm)
3. Wednesday, February 19, 2025 (4-6pm)

*****Level one license issue date must be before November 16, 2024 to be eligible.*****

***** (must include) Drivers License # _____ *****

Printed Student Name: First _____ Middle _____ Last _____

Student Address: _____

City: _____ Zip: _____

Student Telephone Number (_____) _____ - _____

Birth Date: Month _____ Day _____ Year _____

For Office Use

Payment Type Amount

Check# _____ \$ _____

Cash \$ _____

Print Parent Name: _____ **Parent Email** _____

Parent Address: _____

City: _____ Zip: _____

Parent Phone Number: (_____) _____ - _____

Emergency Contact Person (other than parent/guardian): _____ Phone: _____

TEEN SEGMENT 2 PROVISIONS

1. Dickinson Area Driving School, Inc. will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor. Classroom instruction shall not exceed 2 hours per day.
2. A driving log must be presented to verify that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent/guardian or a designated licensed adult driver 21 or older.
A driving log was presented to the Segment 2 instructor on or before the first classroom session.
Parent or Student initials _____ Seg. 2 Instructor initials _____
3. The Student must have held a Level 1 License for not less than 3 continuous months.(issue date prior to 11/16/2024)
Parent or Student initials _____ Seg. 2 Instructor initials _____

TEEN SEGMENT 2 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$100 with submitted contract in the form of cash or check.
2. The Student **must attend all classes.**
3. A \$50 nonrefundable deposit will be charged if a person backs out of the class 5 days before the class begins.

REQUIREMENTS TO PASS THE COURSE

1. The Student must complete all homework and receive an overall grade of 80% on daily quizzes/test.
2. The Student will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70%.

REFUND POLICY

Once the class begins, NO REFUND shall be given, this includes students that do not show up for the first class.

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:

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Dickinson Area Driving School, Inc. By: _____ Owner/President

Provider Name

Signature of Provider Owner

Title

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.