

Dickinson Area Driving School, Inc.

Contract # _____

940 Ford St, Kingsford, MI 49802

Phone: (906) 828 - 1945

License #P000029 Program #S2.02.20.23

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 Iron Mountain High School, classroom A27, basement classroom(enter side entrance).

Class Dates (three 2-hour classes):

1. Monday, February 20, 2023 (6-8pm) 2. Tuesday, February 21, 2023 (6-8pm) 3. Thursday, February 23, 2023 (6-8pm)

*****Level one license issue date must be before 11/19/2022 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 11/19/2022)

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.**

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

After the beginning of the first-class session, NO REFUND shall be given.

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.