Dickinson Area Driving School, Inc.

Contract #_____

940 Ford St, Kingsford, MI 49802
Phone: (906) 828 - 1945
License #P000029 Program #S2.11.02.26

Application must be mailed in with the deposit. No office hours at this 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 class will be in the basement (follow the signs for the classroom).
Class Dates (three 2-hour classes):
1. Monday, November 2, 2026 (4:00-6:00pm) **2.** Tuesday, November 3, 2026 (4:00-6:00pm)

3. Wednesday, November 4, 2026 (4:00-6:00pm)

Level one license issue date must be before August 1, 2026 to be eligible.

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

Application must be MAILED in.

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 8/1/2026).**
   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 will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70%.

REFUND POLICY

1. **Once the class begins, NO REFUND shall be given, this includes students that do not show up for the first class.**
2. **A $50 non-refundable deposit will be charged if a person backs out of the class 5 days before the class begins.**

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.