

# Dickinson Area Driving School, Inc.

Contract # \_\_\_\_\_

940 Ford St, Kingsford, MI 49802

Phone: (906) 828 - 1945

License #P000029 Program #S2.12.07.21

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 is to be provided at Iron Mountain High School, classroom A27 (enter at the front of the high school).

Class Dates (three 2-hour classes from 5-7pm):

1. Tuesday, December 7, 2021 2. Wednesday, December 8, 2021 3. Thursday, December 9, 2021

**Level one license issue date must be before 9/6/2021 to be eligible.**

Printed Student Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

\*\*\* (must include) Drivers License # \_\_\_\_\_

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.

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 \$50 with submitted contract in the form of cash or check.

2. The Student *may miss class only for an illness or emergency with documented proof presented to the instructor*. The student is required to make up the same class session missed (e.g., the student missed day 2 and must attend day 2 of the next available segment 2 course.).

3. A fee of \$15.00 will be charged for each request for a replacement of a Segment Two Completion Certificate.

### 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](http://Michigan.gov/DriverEd). Completion of driver education instruction **does not** guarantee qualification for a driver license.