

Main Street Driving.com

2090 Celebration Drive, Suite 301
Grand Rapids, MI 49525
(616) 301-0550 – office
(616)301-0394 – fax

Office Hours: Please Call
Department of State Certification #P-000005

Segment One Contract

Class Starting Date: _____

Class Location:

- Celebration Village
 Lowell

Class Time: _____

Student Legal Name: _____
First Middle Last

Address: _____
Street City Zip Code

Date of Birth: ___/___/___ Home phone: _____ Student Mobile: _____

Parent/Guardian: _____ Phone: _____
name home/mobile

Parent/Guardian Address(if different than above): _____
Street City Zip Code

Student/Parent E-mail: _____ School Currently Attending: _____

Course Provisions

1. Main Street Driving will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program.
2. Classroom instruction must be a minimum of 3 weeks in length.
3. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction.
4. BTW instruction must be completed no later than 3 weeks after the classroom instruction has been completed.

Terms

1. The student must be at least 14 years/8 months of age by the first scheduled day of class.
2. The parent or guardian agrees to pay tuition in full on the first day of class. There are no material costs for this class.
3. The student is required to attend all classes, scheduled driving times and scheduled observation times. If a student should miss one of these requirements, they will be required to make up the absence prior to receiving a Certificate of Completion for Segment I. If a student has more than 2 absences, he or she will fail the class with no refund.
4. The required score to pass the State of Michigan Test is 70%. The student will be given 2 additional attempts to pass the test if needed.
5. A \$30 fee will be charged on all NSF checks returned to Main Street Driving from a banking institution.

Refund Policy

100% refund will be given for any student who withdraws prior to the start of class. A 50% refund will be given if a student withdraws from class prior to the 3rd day. There will be no refund after the 3rd day of class or for students who are expelled from class for behavior deemed inappropriate, excessive classroom disruptions or those smoking in the building or in an automobile during driver training.

Health/Personal Needs

1. Does the student require any special accommodations to participate in the classroom phase (i.e. test being read to him/her, an interpreter, 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 describe: _____
4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss)?
Yes____ No____ If yes, please explain: _____
5. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?
Yes ____ No ____
6. In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely?
Yes ____ No ____

If the answer to questions 5 or 6 is yes, then the parent/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 and agree to terms and provisions as stated on previous page.

| | | | |
|-------------------------------------|------|-------------------|------|
| Parent Signature | Date | Student Signature | Date |
| Authorized Driving School Signature | Date | | |

Deposit: A \$100.00 deposit with completed registration forms will secure a student's seat in class.

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, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

Office use only:

Program #: _____ Class Dates & Time: _____

Tuition Cost: _____ Amount Paid: _____ (\$100 deposit only) _____ (full tuition)

Method of Payment: Check # _____ Visa/MC: _____

Exp: ____/____ Security Code: _____