

MACOMB DRIVING ACADEMY, INC.

35250 Dodge Park, Sterling Heights, MI 48312 (586) 446-0881
Provider Certificate P0000417

Program No: _____

SEGMENT ONE STUDENT CONTRACT

Date of Class _____ End Date _____

Notice: This driver education 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 Driver Education Complaint form found under "Driver Programs Division" on the Department of State website www.michigan.gov/sos. Completing Driver Education does not guarantee a driver's license.

Student _____
(Last name) (First name) (Middle name)
Age _____ Birth date _____ (Must be 14 years/8 Months by beginning of class)
Address _____ City _____ Zip _____
Home//Parent Phone _____ Parent Name _____
Parent Address (if different from Student) _____ School Attending _____

Office hours – Mon –Thurs 10am – 2 pm Fri – 11am – 4pm.

SEGMENT ONE COURSE PROVISIONS

MACOMB DRIVING ACADEMY will conduct the behind the wheel instruction in a dual-controlled automobile, fully insured, covering each student enrolled in the program. In the event an instructor deems the student needs extra practice in the behind the wheel lesson a pink certificate will be issued to the parent/guardian and student with instructions for additional practice.

THE STUDENT will be required to complete 24 hours of classroom instruction, receive a minimum score of 56 on the written State Test, complete 6 hours of Behind the Wheel Instruction with 4 hours backseat observation.

THE STUDENT will be required to make up any missed CLASSROOM instruction, time and date to be determined by instructor.

THE STUDENT will be required to make up any missed BEHIND THE WHEEL instruction, time and date to be determined by instructor.

THE STUDENT will pay a \$20 fee to retake the SEGMENT ONE test if their score is below 56. CASH ONLY (2 Retakes are allowed) \$ _____

Upon successful completion, the student will be issued a "MICHIGAN DRIVER EDUCATION CERIFICATE OF COMPLETION" Certifying completion of Segment One Driver Education. A \$15 fee will be charged for replacement certificates.

TERMS

*The Parent or Guardian authorizes the Student to participate in the program on the basis that the Student meets the physical requirements specified by law for issuance of a motor vehicle operator's license. **The Student must be a least 14 years 8 months of age by the beginning of the class. (Verification by birth certificate required)**

*The Parent or Guardian agrees to pay the amount of \$275.00 at registration (cash, check, or money order) for Segment 1 which includes all materials. A \$30.00 fee will be charged for all returned checks.

PAYMENT INSTALLMENTS MAY BE MADE AS FOLLOWS: Monday 1st week - \$100 Monday 2nd week \$100 Monday 3rd week - \$90....No completion certificate issued if not paid in full.

*In the event of a driving appointment cancellation, a cancellation fee of \$30.00 will be charged if 24 hours advance notice is not given.

*Macomb Driving Academy, Inc. assumes all liabilities contained within this agreement.

*This agreement constitutes the entire agreement between the school and the Student, and no verbal statement or promise will be recognized.

REFUND POLICY

If for any reason you decide to withdraw from the course before its completion, your refund would be based on the following:

- a. 1 class 75% of total tuition is refunded
- b. 2 classes 50% of total tuition is refunded. 3rd class – No Refunds.

NO REFUNDS DUE TO TERMINATION FOR BEHAVIOR.

WE, THE UNDERSIGNED, UNDERSTAND THE ABOVE PROVISIONS

Student Signature Date _____ Provider Rep /Owner Signature

Parent/ Guardian Signature Date _____ Date _____

CASH _____ CHECK _____ BIRTH CERTICATE VERIFIED _____