

MACOMB DRIVING ACADEMY, INC.
License #P000417
35250 Dodge Park, Sterling Heights, MI 48312 (586) 446-0881

Program No: _____

SEGMENT ONE

Date Classroom Begins: _____ **STUDENT CONTRACT FOR FRASER** Date Class Ends: _____

THE DRIVING RECORD OF EACH INDIVIDUAL INSTRUCTOR IS AVAILABLE FOR REVIEW UPON REQUEST. NOTICE: THIS SCHOOL IS REQUIRED TO BE LICENSED BY THE MICHIGAN DEPARTMENT OF STATE, PROGRAM OPERATIONS DIVISION. IF YOU HAVE A COMPLAINT WHICH YOU CANNOT SETTLE WITH THIS SCHOOL, WRITE: MICHIGAN DEPARTMENT OF STATE, PROGRAM OPERATIONS DIVISION, LANSING, MICHIGAN 48918. COMPLETION OF DRIVER TRAINING INSTRUCTION DOES NOT GUARANTEE QUALIFICATION FOR A DRIVERS LICENSE.

Student _____
(Last name) (First name) (Middle name)
Age _____ Birth date _____ (Must be 14 years/8 Months by beginning of class)
Address _____ City _____ Zip _____
Telephone _____ School Attending _____

All Classes and Behind the Wheel instruction will be held at: 35250 Dodge, Park, Sterling Heights, MI 48312 (586) 446-0881

Hours of Operation:	Mon – Thurs 11:00 am – 8:00 pm	Fri – Sat 11:00 am – 4:00 pm
Classroom hours:	Mon – Thurs 8:00 am – 10:00 am (Spring/Summer)	Mon – Thurs 6:00 pm – 8:00 pm
Behind the Wheel Lessons:	Mon – Thurs 10:00 am – 6:00 pm (Summer)	Fri – Sun 8:00 am – 4:00 pm
	Mon – Fri – 2:15 pm – 4:15 pm (School Days)	

Times/Dates are subject to change

SEGMENT ONE COURSE PROVISIONS

MACOMB DRIVING ACADEMY will provide 24 hours of classroom instruction and 6 hours of behind-the-wheel instruction.

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 56 on the written State Test, complete 6 hours of Behind the Wheel Instruction in which the student receives a satisfactory grade.

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. Student will receive a minimum score of 56 on the written State Test. Retaking test will incur a \$20 fee.

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 **\$250.00** at registration (cash, check, or money order) for Segment 1 which includes all materials. A \$25.00 fee will be charged for all returned checks.

*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. Macomb Driving Academy, Inc. has entered into a concession agreement with FIRST DODGE LLC to use space at their location as a classroom location.

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. 2 classes – no behind the wheel instruction 75% of total tuition is refunded
- b. 2 classes- 1 hour behind the wheel instruction 50% of total tuition is refunded
- c. No refunds will be given after 3 hours or more of classroom. **NO REFUND FOR BEHAVIOR PROBLEMS**

WE, THE UNDERSIGNED, UNDERSTAND THE ABOVE PROVISIONS

Date _____
Student Signature

Date _____
School Representative Signature

Date _____
Parent/ Guardian Signature

Coupon Amount \$ _____