

MACOMB DRIVING ACADEMY, INC
LICENSE #P00417
35250 DODGE PARK
STERLING HEIGHTS, MI 48312L
586-446-0881

CLASS DATE _____ End Date _____

PROGRAM NUMBER _____

SEGMENT 2
Student Contract

Notice: This driver education provider is required to be certified by the Secretary of State. If you have a complaint that cannot be settled with the provider, please complete the Driver Education Complaint form found under “Driver Programs Division” on the Department website; www.michigan.gov/sos. Completing driver education does not guarantee a driver’s license.

Business Hours: Mon-Thurs: 10am-2pm Fri: 11am-4pm.

- Attendance for all 3 days is mandatory. Each class consists of 2 hours. 6 hours of class required. Classes will be from 4:00 – 6:00 pm
- If a student is absent, makeup classes will be available at the next scheduled Segment 2 class. A State Test will be taken and a score of 16 is necessary to pass and receive the Segment 2 white Certificate.
- A DRIVING LOG IS REQUIRED TO ATTEND SEGMENT 2 CLASS (minimum of 30 hours – 2 hours of night driving) AND MUST HAVE LEVEL 1 LICENSE FOR 3 CONSECUTIVE MONTHS

To enroll in Segment 2 class, please complete all the information on the bottom portion and return to MACOMB DRIVING ACADEMY, INC. along with a check or cash for \$50.00 payable on first day of class.

This form is required in addition to the online registration form.

REFUND POLICY : No refunds will be given after the start time of first class.. NO REFUND for discipline problems

A \$20.00 fee will be charged for a Segment II replacement certificate. A \$30.00 fee for a returned check will be charged

PLEASE STATE LEGAL NAME ON BIRTH CERTIFICATE

Student’s Name: _____
First Middle Last

Student’s Age _____ Birth date _____ Parent Phone _____

Address: _____
City Zip Code

Parent Address (if different from Student) _____

DATE YOU RECEIVED YOUR LEVEL 1 LICENSE: _____

(THE DATE CAN BE FOUND AT THE UPPER LEFT HAND SIDE OF LEVEL 1 LICENSE)

The parent/guardian certifies the above named student meets all of the State requirements to be eligible to enroll in Segment 2 Driver Education

LOG VERIFIED _____ PAYMENT _____ Cash _____ Check _____

Parent or Guardian Signature Date

Students Signature Date

Provider Rep/Owner Date