

Dana Ventures Inc. dba All About Driving
4620 Dixie Highway, Suite A
Waterford, MI 48329
248-623-0799
www.allaboutdriving.com

Department of State Certification: P000652
Office Hours: Mon-Fri By appointment only
Program Number #: _____
Class Location: _____
Date of Class: _____

ADULT Segment 1 Contract

Name: _____
Last First Middle
Date of Birth: _____ Age: _____ School Attended: _____ Grade: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____ Email: _____
Emergency Contact: _____ Relation: _____ Phone: _____

COURSE PROVISIONS

All About 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. Classroom instruction must be a minimum of 3 weeks in length. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction. BTW instruction must be completed no later than 3 weeks after the classroom instruction has been completed. **All About Driving will conduct the behind-the-wheel instruction in a dual-controlled automobile, fully insured, covering each student enrolled in the program.**

TERMS OF AGREEMENT

The student must be at least 18 years of age by the beginning of class (Proof of age required).

If student does not adhere to the following rules the instructor may deduct points, assign additional homework, postpone drives, or dismiss student immediately: No swearing in class; Students will respect others and instructor; Students will follow instruction given by instructors; No sleeping or head resting; Bring in books, pen, and paper; Take notes; No talking while instructor is talking; No vandalism of property (anything destroyed will be student's responsibility and subject to be dismissed permanently from class with no refund.); Student must dress appropriately. Please minimize the use of Personal electronic devices.

Segment 1 fee \$300.00. Any additional hourly Behind the Wheel Coaching fee \$25.00. Postponement of Behind the Wheel Coaching fee \$25.00 (unless postponed twenty-four hours in advance). Textbook replacement fee \$15.00 for damaged textbooks (normal wear & tear is expected and will not incur a fee) or textbooks not returned on the last day class. Replacement of lost Certificate of Completion fee \$10.00. Returned check fee \$25.00. Payments may be made by cash, check, money order, or payment card (make check or money order payable to **All About Driving**.)

Full payment is required the first day of class. All About Driving will not refund any fee, tuition, or charge or any part thereof should the school be ready, willing, and able to fulfill its part of the agreement. If a student needs to postpone of any BTW session, notice must be received by the instructor or administration office twenty-four hours in advance or the student will be assessed a \$25.00 fee. This fee must be paid in full before any subsequent BTW sessions can be scheduled. Checks returned for any reason will be assessed a \$25.00 fee. All About Driving reserves the right to cancel or reschedule courses or classes at its sole discretion. Detailed refund and privacy policies may be found on www.allaboutdriving.com.

I have read, understand, and agree to the above terms of this agreement.

Student Signature

Date

License Number (TIP)

Provider Signature

Date

License Number (TIP) Issue Date

Notice: This provider is required to be certified by the Secretary of State. If you have a complaint which you cannot settle with the provider please complete the Driver Education Complaint form found on the Department of State website www.michigan.gov/teendrivers. Completion of driver training instruction does not guarantee qualification for a driver license.

ALL ABOUT DRIVING ADULT REGISTRATION FORM

Please Print

STUDENT FULL NAME: _____

ADDRESS: _____ Last First Middle
CITY: _____ ZIP CODE: _____

PHONE _____

EMERGENCY CONTACT: _____ PHONE: _____

1. Does the student require any special accommodations to participate in the behind-the-wheel instruction i.e. adaptive devices, an interpreter, etc.)? Yes _____ No _____

If Yes, please explain: _____

2. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?

Yes _____ No _____ If Yes, please describe _____

3. 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: _____

4. Is the student's visual acuity at least 20/40 corrected? Yes _____ No _____

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 question 4 is no, or either of questions 5 or 6 is yes, then the student 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.

STUDENT SIGNATURE

DATE