

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: By appointment only

Program Number #: _____

STUDENT CONTRACT FORM FOR SEGMENT 1 CLASS

Student Name: _____
 LAST First Full Middle Name
 Date of Birth: _____ Age: _____ School Attended: _____ Grade: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cell Phone: _____ Email: _____
 Name of Parent or Legal Guardian: _____ Phone: _____
 Address (if different): _____ City: _____ State: _____ Zip: _____
 Emergency Contact: _____ Relation: _____ Phone: _____

COURSE PROVISIONS

All About Driving ("AAD") 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. **AAD will conduct the BTW instruction in a dual-controlled, fully insured automobile, covering each student enrolled in the program.**

TERMS OF AGREEMENT

The student must be at least 14 years/8 months of age by the beginning of class (verification by birth certificate required). Students MUST be picked up on time. AAD does not guarantee an adult presence or the safety of students, either inside or outside the building during non-supervised times. If the student is absent from class, he/she must make up the classroom instruction missed by attending a following class covering the relevant material (usually offered on the same day during a second session) e.g. if a student misses the first scheduled "Day 3" session of the class, the student may attend the next available Segment 1, Day 3 class offered. AAD may, at its discretion, assign homework required for course completion. AAD reserves the right to cancel or reschedule classes or BTW sessions at its sole discretion.

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; 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 (if the student is not dressed appropriately he/she will be sent home and will have to make up missed time.); Use of personal electronic devices is to be kept at an absolute minimum unless being used for classroom activities.

Fees and payment: Segment 1 course **\$300**. Additional hourly BTW Coaching **\$25**. Postponement of BTW session with less than 24 hours advance notice **\$25**. Textbook replacement if unreturned or damaged beyond normal wear & tear **\$15**. Replacement of lost Certificate of Completion **\$10**. Returned Check **\$25**. Payments may be made by cash, check (payable to **All About Driving**) or payment card. Full payment is required the first day of class. AAD will not, after any course begins and in which the student has attended, 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. Detailed refund and privacy policies may be found on www.allaboutdriving.com.

Passing Segment 1 course requires a score of at least 70% on the State test in addition to completing homework assignments. Student will be given up to two (2) additional attempts to pass the test.

I hereby certify that the student named above is my child/ward and that s/he has my permission to participate in the All About Driving Instructional Course listed above. I have read, understand, and agree to the above terms of this agreement.

 Student Signature Date

 Provider Signature Date

 Parent or Guardian Signature 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.

**** Please sign only ONE of the following agreements. Either Box 1 or Box 2 ****

1) On-the-road student instruction agreement. This agreement provides that **All About Driving** shall have not less than two (2) students in the vehicle used by the students during behind-the-wheel instruction.

NOTE: If you choose this option we may not drive your student alone. We must have 2 students in the car at all times. A parent or family member may substitute for the second student. AAD is not responsible for pre-arranging availability of observers.

 Signature of Parent/Guardian Date

 Signature of Provider Date

2) Parent waiver agreement for individualized on-the-road instruction.

By signing below, I, _____, authorize
 Printed Name of Parent/Guardian

All About Driving to allow a certified instructor employed by **All About Driving** to offer my child on-the-road driving instruction without another passenger in the vehicle.

NOTE: If you choose this option we are allowed to drive with your student alone if his/her driving partner does not show up.

 Signature of Parent/Guardian Date

 Signature of Provider Date

ALL ABOUT DRIVING
SEGMENT 1 REGISTRATION FORM

Please Print

STUDENT FULL NAME: _____

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

PHONE _____ BIRTHDATE: _____ **VERIFIED BY BIRTH CERTIFICATE**
Student must be at least 14 years and 8 months by the first day of class.

PARENT/GUARDIAN'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

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

6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes ___ No ___

7. 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 5 is no, or either of questions 6 or 7 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.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE

ALL ABOUT DRIVING
 4620 Dixie Highway
 Waterford, MI 48329, (248) 623-0799
STUDENT CURRICULUM -Segment 1

Day	Objective	MI TSE Student Manual (6 th edition)	
Day One Orientation	Identify the purpose of information gauges and H.T.S.; overview of GDL system	Knowing Your Vehicle Chp 4 NOTE: Operational Tasks , Chapter 6, as well as	Highway Trans. System Chp 1 Sharing the Roadway with Other Users Chp. 15; will be referred to throughout the course
Day Two	Review of pre-entry check procedures, Blind Spots, Speed Limits, Signs Signals	Preliminaries Chp 3	Basic Maneuvers Chp 5
Day Three	Familiarization with Signs Signals and Markings, Intersections. Intro to Space Management	Intersections Chp 9	Signs Signals and Markings Chp.7
Day Four	Familiarization with traffic control devices. Also, effects of Gain understanding of basic Physics and the how they impact driving and safety.	Traffic Control Devices Chp 7	The Laws of Physics Chp 2
Day Five	SEE system, freeways, stopping distance. Safety technology. Final review of Signs Signals and Markings.	SEE Chp 8 Signs Signals and Markings Chp.7	Freeways Chp 12 Stopping 6.5 Safety Ch. 2
Day Six	Passing, Parking, Backing	Passing Chp 7 & 11	Parking and Backing Chp 10
Day Seven	Social Responsibilities, Insurance and Yield Laws	Legal Awareness Chp 19	Social Responsibility Chp 20 Sharing Roadway 15E
Day Eight	Adverse Driving Conditions	Adverse Driving Conditions Chp 13	Roundabouts 9.2
Day Nine	Student will identify proper procedures for negotiating emergency situations.	Adverse Driving Conditions Chp 13	Vehicle Malfunctions Chp. 14
Day Ten	Maintenance, substance abuse, aggressive driving, Student Projects	Chemical Abuse Chp 16	Road Rage Chp 18
Day Eleven	Identify procedures for a safe trip. Recap and review for final exam.	Planning A Trip Chp 21	
Day Twelve	Final Exam		

Student Driving Record for All About Driving

STUDENT NAME _____ PHONE # _____ PROGRAM # _____

STUDENT ADDRESS _____ DOB _____ CERTIFICATION COMPLETION # _____

Drive	Comments
In car familiarization Residential roadways (side streets) Pedestrian alertness Controlled & uncontrolled intersections and parked cars Left and right turns	
Drive 1 Date: _____ Start/End Times: _____	_____ Instructor Signature
	_____ Student Signature
Visual awareness of: Signs, Pavement markings, Traffic lights and Brake lights Reaction on red, Aim high in steering, Space cushion Speed and Brake Control	
Drive 2 Date: _____ Start/End Times: _____	_____ Instructor Signature
	_____ Student Signature
Multiple lane changes (2 to 4 lanes) Mirror (5 to 8 seconds) and Blind Spot Check Following Distance, Variations of speed and Brake Control Visual awareness of: Signs, Pavement markings, Traffic lights and Brake lights Reaction on red, Aim high in steering, Space cushion	
Drive 3 Date: _____ Start/End Times: _____	_____ Instructor Signature
	_____ Student Signature
Express freeway interstate driving Entrance & exit ramps, Merge lanes Lane changes, Mirror (5 to 8 seconds) and Blind Spot Check Visual awareness of: Signs, Pavement markings, Traffic lights and Brake lights Reaction on red, Aim high in steering, Space cushion	
Drive 4 Date: _____ Start End /Times: _____	_____ Instructor Signature
	_____ Student Signature
Parking (perpendicular, diagonal, & parallel) Reverse Y-turn, Braking techniques and Skid Control	
Drive 5 Date: _____ Start/end Times: _____	_____ Instructor Signature
	_____ Student Signature
Simulated road test	
Drive 6 Date: _____ Start/End Times: _____	_____ Instructor Signature
	_____ Student Signature

TOTAL HOURS DRIVEN: _____

All About Driving

BTW STUDENT OBSERVATION RECORD KEEPING – Segment 1

Student Name: _____

Program # _____

Date Start: End:	Instructor's Name: Student's Comments: _____ (Printed) / _____ (Signed)	Total Observation Time Student's Initials
Date Start: End:	Instructor's Name: Student's Comments: _____ (Printed) / _____ (Signed)	Total Observation Time Student's Initials
Date Start: End:	Instructor's Name: Student's Comments: _____ (Printed) / _____ (Signed)	Total Observation Time Student's Initials
Date Start: End:	Instructor's Name: Student's Comments: _____ (Printed) / _____ (Signed)	Total Observation Time Student's Initials