

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. While AAD will make best efforts to avoid doing so, AAD reserves the right to cancel, relocate, or reschedule classes or BTW sessions at its sole discretion should circumstances dictate.

**If student does not adhere to the following rules, the student may be subject to dismissal without attendance credit or refund: No swearing in class; Students will respect others and instructor; No sleeping or head resting; No talking while instructor is talking; No vandalism of property (damage will be student's financial responsibility); Student must dress appropriately; Use of personal electronic devices is to be kept to a minimum.**

Fees and payment: Segment 1 course **\$300**. Additional hourly BTW Coaching **\$30**. 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 **\$5**. Returned Check **\$25**. Payments may be made by cash, check (payable to **All About Driving**) or payment card. Full payment is required by 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 our website at [www.allaboutdriving.com](http://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](http://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 the instructor is allowed to drive with your student alone.

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

## Student Driving Record for All About Driving

STUDENT NAME \_\_\_\_\_ PROGRAM # \_\_\_\_\_

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 _____
Expressway; highway/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, reverse, diagonal, & parallel),  3-point turn	
Drive 5 Date: _____ Start/end Times: _____	Instructor Signature _____ Student Signature _____
Final Evaluation	
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 #** \_\_\_\_\_

<p><b>Date</b></p> <p>Start:</p> <p>End:</p>	<p>Student's Comments:</p>  <p>Instructor:</p> <p>_____ / _____</p> <p style="text-align: center;">(Printed) / (Signed)</p>	<p><b>Total Observation Time</b></p>  <p><b>Observing Student's Initials</b></p>
<p><b>Date</b></p> <p>Start:</p> <p>End:</p>	<p>Student's Comments:</p>  <p>Instructor:</p> <p>_____ / _____</p> <p style="text-align: center;">(Printed) / (Signed)</p>	<p><b>Total Observation Time</b></p>  <p><b>Observing Student's Initials</b></p>
<p><b>Date</b></p> <p>Start:</p> <p>End:</p>	<p>Student's Comments:</p>  <p>Instructor:</p> <p>_____ / _____</p> <p style="text-align: center;">(Printed) / (Signed)</p>	<p><b>Total Observation Time</b></p>  <p><b>Observing Student's Initials</b></p>
<p><b>Date</b></p> <p>Start:</p> <p>End:</p>	<p>Student's Comments:</p>  <p>Instructor's Name:</p> <p>_____ / _____</p> <p style="text-align: center;">(Printed) / (Signed)</p>	<p><b>Total Observation Time</b></p>  <p><b>Observing Student's Initials</b></p>