

All About Driving  
4620 Dixie Highway  
Waterford, MI 48329  
248-623-0799

WWW.ALLABOUTDRIVING.COM

Department of State Certification #: P000652

Office Hours: By appointment only

## ADULT CONTRACT

Name: \_\_\_\_\_  
Last First Middle Initial  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

### TERMS OF AGREEMENT

All About Driving will provide hourly behind-the-wheel instruction in a dual-controlled automobile, fully insured, (coverage includes the student and the instructor). Students must provide a copy of the valid driving permit, issued by the Secretary of State, to All About Driving before we will schedule an appointment. Students are required to have the valid driving permit, issued by the Secretary of State, at every lesson or All About Driving will be unable to provide instruction.

Hourly fee \$60.00.

Full payment is required on day of instruction. The school, All About Driving, will not refund any fee, or charge or any part thereof should the school be ready, willing, and able to fulfill its part of the agreement. All About Driving reserves the right to cancel or reschedule at its sole discretion.

**“Notice: This school is required to be certified by the Secretary of State. If you have a complaint, which you cannot settle with this school, write: Michigan Department of State, Driver Programs Division, Lansing, Michigan 48918. Completion of driver training instruction does not guarantee qualification for a driver license.”**

In signing this contract, I do herein affirm that I understand and am in agreement with the terms and conditions described.

\_\_\_\_\_  
Adult Student Signature Date

\_\_\_\_\_  
License Number (TIP)

\_\_\_\_\_  
Provider Signature Date

\_\_\_\_\_  
License Number (TIP) Issue Date

# 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