

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

Student Driving Record for All About Driving

Check box if another student/adult must accompany student driver

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 Name _____ Student Initials _____
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 Name _____ Student Initials _____
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 Name _____ Student Initials _____
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 Name _____ Student Initials _____
Parking (perpendicular, reverse, diagonal, & parallel) 3-point turn	
Drive 5 Date: _____ Start/end Times: _____	Instructor Name _____ Student Initials _____
Final Evaluation	
Drive 6 Date: _____ Start/End Times: _____	Instructor Name _____ Student Initials _____

TOTAL HOURS DRIVEN: _____ **TOTAL HOURS OBSERVED:** _____

Instructor Signature _____

All About Driving

BTW STUDENT OBSERVATION RECORD KEEPING – Segment 1

Student Name: _____

Program # _____

Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials
Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials
Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials
Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials