

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: _____ Gender: M ___ F ___

Address: _____ City: _____ State: _____ Zip: _____

Best Phone Contact: _____

Email to be used for Scheduling Drives: _____

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 or government ID 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. 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); Use of personal electronic devices is to be kept to a minimum.

Fees and payment: Segment 1 course **\$325**. Additional hourly BTW Coaching **\$30**. **Cancellation 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 **\$2**. 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.

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 if student is in good standing with all other completion requirements.

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 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 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

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 |