

ACE DRIVING SCHOOL

16741 21 Mile Road, Macomb, MI 48044

State Certification # P000251 • Office Hours: Monday – Friday, 10:00 a.m. – 6:00 p.m.

Program Number #: _____ **TEEN SEGMENT 1 CONTRACT** Classroom Location: 16741 21 Mile Road, Macomb MI 48044

Student: (last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ D.O.B.: _____

Parent/Legal Guardian's Name: _____ Parent's/Legal Guardian's Phone #: _____

Parent/Legal Guardian's Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Dates of Class: _____

TEEN SEGMENT 1 PROVISIONS

1. **ACE DRIVING SCHOOL will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time with a certified Michigan Driver Education Instructor.**
2. **Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed.**
3. **ACE DRIVING SCHOOL will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.**
4. **The student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate is required. A copy of age verification must be provided at the first day of class.**

TEEN SEGMENT 1 TERMS

1. The parent or guardian agrees to pay **\$390.00** (cash, check, money order) which needs to be paid by the last day of the course. If you wish, you may pay **\$130** by or on the first day of class; **\$130** during the second week and **\$130** the third week of the course. This fee includes all class materials.
2. The Student may miss class only for an illness or emergency with documented proof presented to the instructor. The student is required to make up the same class session missed (e.g., The student missed day 5 and must attend day 5 of the next available segment 1 course.)
3. A fee of \$25.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation.
4. A fee of \$25.00 will be charged for each lost or damaged textbook.

REQUIREMENTS TO PASS THE COURSE

1. The student must complete all work assignments satisfactory.
2. The Student will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70%.
3. **The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.**

REFUND POLICY

1. Before the beginning of the third class session, 80% of the total tuition will be refunded if no BTW instruction was given.
2. After the beginning of the third class session, no refund shall be given.

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BTW WAIVER

Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing.

I, the Parent/Legal Guardian of the Student, waive this requirement.

I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ ACE DRIVING SCHOOL By: _____

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes No If Yes, please explain: _____
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes No If Yes, please explain: _____
3. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes No If Yes, please explain: _____
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? 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 would affect his/her ability to drive a motor vehicle safely? Yes No

If the answer to question 5 is **No**, then the Parent/Guardian must provide a letter signed by the Student's eye care specialist ensuring the student meets State Physical (vision) standards.

If the answer to question 6 or 7 is **Yes**, the Parent/Guardian must provide a statement confirming the condition 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ ACE DRIVING SCHOOL By: _____