

Select Driving Academy LLC

3041 Chickering Lane, Bloomfield Hills, MI 48302 Phone: (248) 895-4767 selectdrivingacademy@gmail.com

Office Use Only: State Certification # _____ • Office Hours: Monday – Friday, 9:00 a.m. – 5:00 p.m.

Program Number #:

TEEN SEGMENT 2 CONTRACT

Classroom Location: _____

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

Address: _____ City: _____ Zip: _____

Home/Cell Phone: _____ Email: _____ D.O.B _____

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

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

Emergency Contact: _____ Phone #: _____

Class Dates: _____ Time: _____ Parent email address: _____

TEEN SEGMENT 2 PROVISIONS

1. Select Driving Academy LLC will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor. Classroom instruction shall not exceed 2 hours per day.
2. A driving log must be presented to verify that the student has completed a minimum of 30 hours of driving (including 2 hours of nighttime driving) were completed with a licensed parent, legal guardian, or licensed driver 21 years of age or older designated by the parent or legal guardian before beginning the course. A log must be presented to the Segment 2 instructor on or before the first classroom session.

Parent or Student initials _____ Seg. 2 Instructor initials _____

3. The student must have held a Level 1 License for not less than 3 continuous months.
Parent or Student initials ____ Seg. 2 Instructor initials __ GDL/Permit #: _____ Issue Date: _____

TEEN SEGMENT 2 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$95 **one week prior to the first day of class to ensure enrollment**, in the form of cash, check, Venmo, Zelle or credit card (fee applies) *
2. The student and at least one Family Partner must attend the mandatory Parent Meeting.
3. 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 2 and must attend day 2 of the next available segment 2 course.).
4. A fee of \$50.00 will be charged for each lost or damaged textbook or workbook.
5. A fee of \$10.00 will be charged for each request for a replacement of a Segment Two Completion Certificate.

REQUIREMENTS TO PASS THE COURSE

1. The student must complete all homework and receive an overall grade of 75% on daily quizzes/test.
2. The student will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70 (or any percentage you require above 70% such as 75%).

REFUND POLICY

1. After the beginning of the first-class session, NO REFUND shall be given.

NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the DES-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.

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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: _____

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Select Driving Academy LLC By: _____ Owner/President
(EXAMPLE – (DO NOT TYPE IN CONTRACT), Provider Name Signature of Provider Owner Title)

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

- Waiver of Claims.** I hereby waive any and all claims I may have in the future against Select Driving Academy LLC and its employees and release them from any and all loss, damage, expense, or injury, including death, that I or my child may suffer as a result of driving instruction activities. Initial _____
- Hold Harmless and Indemnify.** I hereby hold harmless and indemnify Select Driving Academy LLC and its employees from any and all liability for any property damage or personal injury to any third party resulting from me or my child's participation in driving instruction activities. Initial _____
- No Guarantee.** I hereby state that I understand Select Driving Academy LLC can only evaluate my child's driving ability at a certain moment in time. I understand that passing the driver education course does not guarantee that my child will pass any additional tests or be safe behind the wheel of a motor vehicle. Initial _____
- Understanding.** I hereby confirm that I have read and understood this agreement prior to signing it and I am aware that by signing this agreement, I am waiving certain legal rights which I may have against Select Driving Academy LLC and its employees. Initial _____

Parent/Legal Guardian's Name:

Parent's/Legal Guardian's Phone #

Student Signature:

Date:

Parent Signature:

Date:

Provider Signature:

Date:

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PAYMENT RECEIPT

The Parent or Legal Guardian must pay the total amount of \$95 on or before the first day of class. Partial payment shall not be accepted.

Payment Method (check one):

- Cash
- Check
- Credit Card (\$10 fee applies)
- Venmo @Luay-Jazrawi
- Zelle (selectdrivingacademy@gmail.com)

Amount Paid: _____ Date: _____

Payment Received By: _____ (initial or signature)

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