Select Driving Academy LLC

3041 Chickering Lane, Bloomfield Hills, MI 48302 Phone# (248) 895-4767 Email:Selectdrivingacademy@gmail.com
Office use only:State Certification * P000745 Office Hours: Monday-Friday, 7:00 p.m.-9:00 p.m.

ADULT BTW CONTRACT

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

Address: _____ City/State: _____ Zip: _____

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

Temporary Instruction Permit (TIP) #: _____ TIP Issue Date: _____ TIP expiration date: _____

Dates/Times of BTW Instruction: _____

Emergency Contact Person/Phone#: _____

ADULT BTW PROVISIONS

1. **Select Driving Academy LLC will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.**
2. **The Student must be at least 18 years of age by the first day that BTW instruction is given. Verification by a copy of the temporary instruction permit is required.**
3. **Students must obtain a temporary instruction permit (TIP) by achieving a score of 80% or higher on the State of Michigan Knowledge Test.**

ADULT BTW TERMS

1. The Student agrees to purchase: **2 hours or 4 hours or 6 hours or 8 hours or 10 hours** instruction at **$___** per **(1) hour** of BTW instruction for a total of: **$___**. The total amount must be paid on or before the first BTW instruction in the form of; cash, check, Zelle, or Venmo.
2. A fee of $30.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation
3. Students must present a current TIP at the time the course begins.
4. **REFUND POLICY**

1. After the beginning of BTW instruction, no refund shall be given.

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the BTW phase (e.g., 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 explain: _____
3. 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 •
4. **If the answer to any of questions 1-3 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.**

Date: _____ Student Signature: _____

Date: _____ SELECT DRIVING ACADEMY LLC By: _____ Owner/President

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.