



TEEN SEGMENT 1 CONTRACT
State Certification # P000647

Office Hours: 4:00 pm – 7:00 pm
9049 E. 48th St.
Newaygo, MI 49337
Phone: (231) 580-1216

Student: (last) _____ (first) _____ (full 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 #: _____

Location/Start Date of Class: _____

TEEN SEGMENT 1 PROVISIONS

1. Big Rapids Driving Academy LLC will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time provided by a certified Michigan Driver Education Instructor. 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.
2. Big Rapids Driving Academy LLC will conduct the behind-the-wheel instruction in a dual-controlled automobile that is fully insured to cover each student enrolled in the program.
3. 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.

TEEN SEGMENT 1 TERMS

1. The parent or guardian agrees to pay the amount of **\$450.00**, which needs to be **paid in full by the first day of class. Make Checks and Money Orders payable to: Big Rapids Driving Academy LLC. (Returned checks are subject to a \$50.00 fee.) Cash and Credit Card are also accepted. (Credit card payments include a \$15 surcharge.)**
2. In the event of a driving appointment cancellation, a fee of **\$30.00** will be charged if 24 hours advance notice is not given.
3. A fee of **\$20.00** will be charged for each request for a replacement of a Segment 1 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 75%* (this is above the requirement of 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.*

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.



TEEN SEGMENT 1 CONTRACT
State Certification # P000647

Office Hours: 4:00 pm – 7:00 pm
9049 E. 48th St.
Newaygo, MI 49337
Phone: (231) 580-1216

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: _____ Big Rapids Driving Academy, LLC _____ Owner
Provider Name Signature of Provider Owner Title

ACCOMMODATIONS/MEDICAL CONDITIONS

- 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: _____
- 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: _____
- 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: _____
- Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes No If Yes, please explain: _____
- Is the Student's vision at least 20/40, including with corrective lenses? Yes No
- In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes No
- 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 any of questions 5 – 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Big Rapids Driving Academy, LLC _____ Owner
Provider Name Signature of Provider Owner Title

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.