## Big Rapids Driving Academy LLC

## **TEEN SEGMENT 2 CONTRACT**

Department of State Certification # P000647

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

Owner

Title

Student: (last)	(first)	(middle)
Address:	City:	Zip:
Home Phone:	Age:	D.O.B.:
Parent/Legal Guardian's Name:	Parent/Gu	uardian's Phone #:
Parent/Legal Guardian's Address:		City: Zip:
Emergency Contact:		Phone #:
Dates of Class:		Time:
TEEN SEGMENT 2 PROVISIONS		
Big Rapids Driving Academy, LLC will p     Driver Education Instructor. Classroom		classroom instruction with a certified Michiga ours per day.
<ol> <li>A driving log must be presented to verify that the student has completed a minimum of 30 hours of driving (including hours at night) with a licensed parent/guardian or a designated licensed adult driver 21 or older. A log was presente to the Segment 2 instructor on or before the first classroom session.</li> <li>Parent or Student initials</li> </ol> Seg. 2 Instructor initials		
The Student must have held a Level 1 I     Parent or Student initials		uous months. ials
TEEN SEGMENT 2 TERMS		
Make Checks and Money Orders pay	able to: Big Rapids Driving Ac	s to be <u>paid in full by the first day of class</u> ademy LLC. (Returned checks are subject rd payments include a \$2 surcharge.)
1. In case of an illness or emergency, make	ce-up classes will be offered duri	ng the next Segment 2 class.
2. A fee of \$20 will be charged for each request for a replacement of a Segment 2 Completion Certificate.		
REQUIREMENTS TO PASS THE COURS	<u>E</u>	
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 ses	sion, NO REFUND shall be give	า.*
ACCOMMODATIONS/MEDICAL CONDIT	<u>IONS</u>	
<ol> <li>Does the Student require any special actinterpreter, etc.)? Yes □ No □ If Y</li> </ol>		
Date: Student Signatur	e:	

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;

<u>Michigan.gov/DriverEd</u>. Completion of driver education instruction <u>does not</u> guarantee qualification for a driver license.

Signature of Provider Owner

Parent/Legal Guardian Signature:

Big Rapids Driving Academy LLC

Provider Name

Date:

Date: