

# SEGMENT 1 CONTRACT

## Mr.R's Driving School

1673 Haslett Rd. Ste #30  
Haslett, Michigan 48840  
517.339.0133

Office Hours: Monday - Friday 9:00 A.M. to 5:00 P.M.

Department of State Certification P000206

Program # 20 \_\_\_\_\_

Classroom location \_\_\_\_\_ Dates of Class: \_\_\_\_\_

Student \_\_\_\_\_ Age \_\_\_\_\_ Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

### TEENAGE SEGMENT 1 (ONE) PROVISIONS

1. Mr.R's Driving School will provide a minimum of 24 hours of classroom instruction and 6 hours of Behind-the-Wheel instruction, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program.
2. 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.
3. Upon successful completion, (pass the state test at 70%, attendance for 24 hours of class, proficiently driving after 6 hours of Behind the Wheel, 4 hrs of observation) the student will be issued a "MICHIGAN DRIVER EDUCATION CERTIFICATE OF COMPLETION SEGMENT ONE" certifying completion of the requirements of the Michigan Department of State. A \$10.00 replacement fee will be assessed for issuing a new certificate.

### TERMS

The Parent or Guardian authorizes the student to take part in the program on the basis that the student must be at least **14 years & 8 months** of age by the first scheduled day of class (verification by birth certificate required.)

The Parent or Guardian agrees to pay the amount of **\$350.00. We accept cash, check, Visa and MasterCard.**

The full amount must be paid on the first day of class unless other arrangements are made.

**Segment 1 completion certificate will be issued when tuition is paid in full and all class requirements are met.**

In the event of a driving appointment cancellation, a cancellation fee of **\$10.00** will be charged if 24 hours advance notice is not given.

### REFUND POLICY

If for any reason you decide to withdraw from the course before its completion, your refund will be based on the following pro-rated schedule:

- A. During the first two classes, if no Behind -the-Wheel lessons were taken, 90% of the total tuition is refunded.
- B. During the third and fourth classes, if no Behind-the-Wheel driving lessons were taken, 75% of total tuition is refunded.
- C. During the first four classes, if one hour of Behind-the-Wheel driving has been completed, 50% of total tuition is refunded.
- D. During the first four classes, if two or more hours of Behind-the-Wheel driving has been completed, of at any time after the fifth class, no refund will be given.

**WE, THE UNDERSIGNED, UNDERSTAND THE ABOVE PROVISIONS & TERMS**

\_\_\_\_\_ **Date:** \_\_\_\_\_ **\$350.00** \_\_\_\_\_  
STUDENT Signature FEE PAID DATE INSTRUCTOR

\_\_\_\_\_ **Date:** \_\_\_\_\_ **Jason M. Redoutey** \_\_\_\_\_  
Signature of Parent and/or Guardian Authorized School Representative

NOTICE STATEMENT: This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with this provider, write: Michigan Department of State, Driver Programs Division, Lansing, Michigan 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

**Mr. R's Driving School**  
**SEGMENT 1 REGISTRATION FORM**

Please print

**STUDENT FULL NAME:** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ (VERIFIED BY BIRTH CERTIFICATE-Student must be at least 14 years and 8 months by the first day of class)

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, an interpreter, seating arrangements, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
2. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss)? 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 might affect his/her ability to drive a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**If the answer to question 5 is no, or either of questions 6 or 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**

**Parent waiver agreement for individualized on-the-road instruction.**

By signing, I, \_\_\_\_\_ authorize **MR. R'S DRIVING SCHOOL** to allow a certified  
**Printed Name of parent/Guardian**  
instructor employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle.

\_\_\_\_\_  
**Signature of parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_  
**Signature of Provider**

**MEDIA RELEASE:** I, the undersigned, do hereby consent and agree that Mr. R's Driving School, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known. I further consent that their name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Mr. R's Driving School, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

**CERTIFICATION:** I certify that the information on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**