

## Segment 1 Contract

### Lansing Area Driving School, LLC

2220 Holiday Lane, Lansing, MI 48917

Phone #: (517) 894-1059 Business Hours: Monday-Thursday 3:00PM - 6:00PM

**Class Times: Mon.-Thurs., 4:15-6:15 PM (\*Classes will be held online)**

Department of State Certification #P000666 Program Number: S1-20/21\_\_\_\_\_

Dates of Class:\_\_\_\_\_

Student Full Legal Name: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

Parent/Guardian Name's: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

### Teenage Segment 1 Provisions

- Lansing Area Driving School will provide a minimum of 24 hours of classroom instruction, 6 hours of Behind-the-Wheel instruction, and 4 hours of observation time in a certified Michigan Driver Education Instructor. Lansing Area Driving School will conduct BTW instructions in a dual controlled automobile, fully insured, covering each student enrolled in the program.
- 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.
- Upon successful completion, (pass the state test at 70%, attendance for 24 hours of class, proficient driving after 6 hours of Behind the Wheel, 4 hours 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. **The Student will be allowed to up to 2 attempts to pass the State Exam, which requires a score of at least 70%.**
- The Students 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.**

### 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 **\$330.00. We accept cash or check made out to: Lansing Area Driving School.** 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 **\$25.00** will be charged if 24 hours advance notice is not given.

### Return 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:

- During the first two classes, if no Behind -the-Wheel lessons were taken, 90% of the total tuition is refunded.
- During the third and fourth classes, if no Behind-the-Wheel driving lessons were taken, 75% of total tuition is refunded.
- During the first four classes, if one hour of Behind-the-Wheel driving has been completed, 50% of total tuition is refunded.
- 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**

\_\_\_\_\_  
STUDENT Signature      Date: \_\_\_\_\_      \$330.00  
FEE      PAID      DATE      INSTRUCTOR

\_\_\_\_\_  
Parent and/or Guardian Signature      Date: \_\_\_\_\_      Keith Warriner  
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.

## Lansing Area Driving School – Segment One Registration Form

Print

Student Full Name: \_\_\_\_\_  
Last First Middle

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

Contact Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (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: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
2. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction? (i.e. epilepsy, asthma, color blindness, hearing loss, etc.)? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
3. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes: \_\_\_\_\_ No: \_\_\_\_\_
4. 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 any of the above questions 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**

5. 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: \_\_\_\_\_
6. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, etc.)? Yes: \_\_\_\_\_ No: \_\_\_\_\_
7. Is the student's visual acuity at least 20/40 corrected? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

By signing, I, \_\_\_\_\_ authorize **Lansing Area Driving School** to allow a certified 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