



ADULT CLASSROOM CONTRACT

Life Driving Academy, LLC
650 Church Street, Suite 307 • Plymouth • MI • 48170
Phone: 248.880.8025 • Hours: Monday – Friday, 9:00 am – 5:00 pm

Student: _____
First Middle Last

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ D.O.B.: _____

Emergency Contact: _____ Phone: _____

Emergency Address: _____ City: _____ Zip: _____

Dates of Class: _____ Time: _____ Location: _____ Course Fee: \$ _____

ADULT CLASSROOM PROVISIONS

① Life Driving Academy, LLC (LDA) will provide an agreed upon of classroom instruction. ② The Student must be at least 18 years by the first day of class verification by birth certificate is required. No instruction shall commence until the student has paid all fees in full and has signed this contract in full.

ADULT CLASSROOM TERMS

① The Student agrees to pay the total course fee on or before the first day of class. ② The Student may miss class only for an illness or emergency with documented proof presented to the instructor. ③ A fee of \$35.00 will be charged if 24 hours advance notice is not given for a classroom appointment cancellation.

REFUND POLICY

① No refunds will be given after the first full day of class. ② Refunds will be processed in full if a class/service is canceled by LDA. Refunds take 2-3 weeks to process and will be in the form of a check. ③ No refund will be issued if the student is expelled due to disciplinary reasons. ④ There will be a \$30 return check fee for all returned checks.

I have read and understand the above policies and procedures for my child to take part in this program provided by Life Driving Academy. The undersigned agrees to pay the amount of the course which needs to be paid before the 1st day of class.


ACCOMMODATIONS/MEDICAL CONDITIONS

- Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)?
If Yes, please explain: _____
- In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? _____

I, do not disclose this information to LDA, said company has a right to discontinue driver education at any given time. I also understand that any damages caused by myself that may occur during drive times resulting in not disclosing any student disabilities and/or medications become my responsibility as a parent/legal guardian.

I have read and understand the above policies and procedures to take part in this instruction provided by Life Driving Academy, LLC.

Date: _____ Student Name: _____ Signature: _____

Date: _____ Provider Name: Life Driving Academy, LLC Signature:  Title: President