



Provider State Certification # P000709

## ADULT CLASSROOM CONTRACT

Life Driving Academy, LLC

650 Church Street, Suite 221 • 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: \_\_\_\_\_

Dates of class(s), time of class(s), and location: *Will be agreed upon between LDA and student* 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 or on the credit card used at registration. 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

1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)?

If Yes, please explain: \_\_\_\_\_

2. 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