



TEEN SEGMENT 1 CONTRACT

Life Driving Academy, LLC
50430 School House Road Suite 202 • Canton • MI • 48187
Phone: 248.880.8025 • Hours: Monday – Friday, 9:00 am – 5:00 pm

PROGRAM NUMBER

Student: _____ High School: _____
First Middle Last

Address: _____ City: _____ Zip: _____

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

(Must be 14yrs. 8mo. by first day of class)

Parent/Legal Guardian's Name: _____ Parent's/Legal Guardian's Phone #: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

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

TEEN SEGMENT 1 PROVISIONS

1 Life Driving Academy, LLC (LDA) will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time with a certified Michigan Driver Education Instructor. 2 Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed. 3 LDA will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program. The school will provide the certified instructor, vehicle, and fuel for the driving instruction. 4 The Student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. 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. The parent is to have a copy of the signed contract prior to any instruction beginning.

TEEN SEGMENT 1 TERMS

1 The Parent or Legal Guardian agrees to pay the total course fee on or before the first day of class. 2 The Student and at least one Adult Family member must attend the Parent Meeting which is on the first day of class. 3 The Student may miss class only for an illness or emergency with documented proof presented to the instructor. A maximum of 3 days can be missed, after that student must repeat the entire program at their own expense. The student is required to make up the same class session missed (e.g., The student missed day 5 and must attend day 5 of the next available segment 1 course.) 4 A fee of \$35.00 will be charged if 48 hours advance notice is not given for a driving appointment cancellation. 5 A fee of \$30.00 will be charged for each request for a replacement of a Segment One Completion Certificate. 6 We accept cash, checks, or credit cards.

REQUIREMENTS TO PASS THE COURSE

1 The Student must complete all State's class requirement listed above. 2 The Student will be allowed up to three attempts to pass the State Exam, which requires a score of 70% or higher. 3 If student fails LDA will offer an opportunity for the Student to have refresher classes. 4 The Student must do 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.

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.

Date: _____ Student Name: _____ Signature: _____

Date: _____ Parent/LG Name: _____ Signature: _____

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



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BTW WAIVER
Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing.
I, the Parent/Legal Guardian of the Student, waive this requirement.
I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.
Date: Parent/LG Name: Signature:

ACCOMMODATIONS/MEDICAL CONDITIONS

- 1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)?
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)?
3. Are there any medical conditions that would pose a concern with the Student’s BTW instruction (e.g., epilepsy, color blindness, etc.)?
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely?
5. Is the Student’s visual acuity at least 20/40 corrected?
6. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?
7. In the last six months, has the Student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely?

If the answer to any of questions 5 – 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.

I hereby agree that my child is mentally and physically able to complete the required BTW training and does not have a disability and is not taking any medication that may cause compromise the well-being of the driving instructor or passenger. I, the parent/legal guardian, do not disclose this information to LDA, said company has a right to discontinue driver education for my student at any given time. I also understand that any damages caused by my child 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: Parent/LG Name: Signature:
Date: Provider Name: Life Driving Academy, LLC Signature: Title: President