



Provider State Certification # P000709

TEEN BEHIND-THE-WHEEL 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: _____ High School: _____
First Middle Last
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____ D.O.B.: _____
Parent/Legal Guardian's Name: _____ Parent's/Legal Guardian's Phone: _____
Emergency Contact: _____ Phone: _____
Dates of drives, time of drives, and pick up location: *Will be agreed upon between LDA and student* Course Fee: \$ _____

TEEN BEHIND-THE-WHEEL PROVISIONS

1. Life Driving Academy will conduct the behind-the-wheel (BTW) instruction in a dual-controlled automobile that is insured by the Provider to cover your enrollment in the program.

TEEN BTW TERMS

1. You agree to purchase driving instructions at ~~\$60~~-\$85 per hour of behind-the-wheel instruction for a total of: \$ _____. The total amount must be paid on or before the first BTW instruction in the form of: cash, check, or credit card.
2. Any purchase of 6 hrs. or more will have the option of pick up at location designated by parent and agreed upon by LDA for an additional cost.
3. Hours must be used within the first 12 months of date purchased. No refund after 12 months.
4. A fee of \$50.00 will be charged if 48 hours advance notice is not given for a driving appointment cancellation.

REFUND POLICY

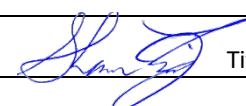
1. After the beginning of behind-the-wheel instruction, no refund shall be given.

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)?
If Yes, please explain: _____
2. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)?
If Yes, please explain: _____
3. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely?
If Yes, please explain: _____
4. In the last six months, has Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? _____
5. In the last six months, has Student had a physical or mental condition which would affect ability to drive a vehicle safely? _____

If the answer to any of questions 4-5 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 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: _____	Parent/LG Name: _____	Signature: _____
Date: _____	Provider Name: Life Driving Academy, LLC	Signature:  Title: President