



### TEEN BEHIND-THE-WHEEL 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

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Level 1 Learners License #: \_\_\_\_\_ L1L Issue Date: \_\_\_\_\_  
(MM-DD-YYYY)

Parent/Legal Guardian's Name: \_\_\_\_\_ Parent's/Legal Guardian's Phone #: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### TEEN BTW 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: 2 hrs., 6 hrs., 10 hrs. or 24 hrs. instruction at \$50-\$70 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, drives will start at students' home or location designated by parent and agreed upon by LDA.
3. A fee of \$30.00 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. Do you require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)?  
Yes  No  If Yes, please explain: \_\_\_\_\_
2. Are there any medical conditions that would pose a concern with your BTW instruction (e.g., epilepsy, color blindness, etc.)?  
Yes  No  If Yes, please explain: \_\_\_\_\_
3. Are you taking any medications that may affect your ability to drive a motor vehicle safely?  
Yes  No  If Yes, please explain: \_\_\_\_\_
4. In the last six months, has you had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes  No
5. In the last six months, have you had a physical or mental condition which would affect your ability to drive a vehicle safely? Yes  No

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

NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the DES-P11 Statement of Complaint form found on the Department of State website; [Michigan.gov/DriverEd](http://Michigan.gov/DriverEd). Completion of driver education instruction does not guarantee qualification for a driver license.