

OFFICE USE ONLY

TEEN SEGMENT 2 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

PROGRAM NUMBER

Student:		High School:		
First Address:	Middle	Last	City:	Zip:
Phone:	Ema	il:	•	D.O.B.:
Parent/Legal Gua	pardian's Name: Parent's/Legal Guardian's Phone:			
Emergency Conta	act:		Phone:	
Class Start Date:	Star	t Time: Loc	ation:	Course Fee: \$
Instructor. ② Ci completed a min driver 21 or older 4 A log was present of 5 The Student of Parent of TEEN SEGMENT 2 1 The Parent of Segment 2, stude Segment Two Cook REQUIREMENTS 1 The Student of Student will be all offer an opportuning REFUND POLICY 1 No refunds we Refunds take 1-2 disciplinary reason I have read and unthe undersigned ACCOMMODATION	cademy, LLC (LDA) will provide a lassroom instruction will not eximum of 30 hours of driving (incomplete to the Segment 2 instructor Student initials	creed 2 hours per day. (3) cluding 2 hours at night) ctor on or before the first egment 2 Instructor initials of the total course fee on or class time. (3) A fee of stept cash, checks, or creed the form of a check. (3) Agreements for full refund procedures for my chief course which needs to	A driving log must be with a licensed parent/set classroom session. als inuous months. als before the first day of \$25.00 will be charged for the dit cards. A \$30 return compared and fulfill State's classed requires a score of 7 will be processed in full in the processed in full in the processed in the paid before the 1st of the paid before the p	ogram provided by LDA.
Date:	Parent/LG Name:	ding Applicated II C	Signature:	A Describer
Date:	Provider Name: Life Driv	ring Academy, LLC	Signature:	Title: President