

# **A&W Driver Education School LLC** (313) 974-9167

State Certification # P000716 • Office Hours: Monday – Friday, 9:00 a.m. – 5:00 p.m.

Program Number #: \_\_\_\_\_ (C1) **ADULT SEGMENT 1 CLASSROOM CONTRACT** 21700 Greenfield #LL01 Oak Park MI 48237

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

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

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

Temporary Instruction Permit (TIP) #: \_\_\_\_\_ TIP Expiration Date: \_\_\_\_\_ Cell #: \_\_\_\_\_

## **ADULT CLASSROOM PROVISIONS**

- 1. A&W Driver Education School LLC. 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. A&W Driver Education School LLC. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.**
- 3. The Student must be at least 18 years of age by the first day that BTW instruction is given. Verification by a copy of the temporary instruction permit is required.**

## **ADULT CLASSROOM TERMS**

1. The Student agrees to pay the total amount of \$380 on or before the first day of class in the form of; cash, check, or credit card.
2. The Student and at least one Family Partner must attend the mandatory Parent Meeting.\*
3. The Student may miss class only for an illness or emergency with documented proof presented to the instructor. 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 \$30.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation.
5. A fee of \$50.00 will be charged for each lost or damaged textbook or workbook.\*

## **REQUIREMENTS TO PASS THE COURSE**

1. The Student must complete all homework and receive an overall grade of 75% on daily quizzes/test.
2. The Student will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70%.
3. The Student must pass 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. Before the beginning of the third class session, 80% of the total tuition will be refunded if no BTW instruction was given.
2. After the beginning of the third class session, no refund shall be given.

**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.**

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## ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes  No  If Yes, please explain: \_\_\_\_\_
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)? Yes  No  If Yes, please explain: \_\_\_\_\_
3. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes  No  If Yes, please explain: \_\_\_\_\_
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes  No  If Yes, please explain: \_\_\_\_\_
5. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes  No
6. 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? Yes  No

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ **A&W Driver Education School LLC**, By: \_\_\_\_\_ Owner/President  
– DO NOT TYPE IN CONTRACT, Provider Name Signature of Provider Owner Title

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