Student: (last) (first) (middle)

Address: City: Zip:

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

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

Dates of Class: Time :

**ADULT CLASSROOM PROVISIONS**

1. **Family Driving 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. **Family Driving 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.**
4. **Due to COVID-19, students that have cold like symptoms, high temperature or have been exposed to the Corona virus must submit a negative COVID-19 test to enter or complete any Segment One, two or Adult classroom or Adult training. If positive, the student Must Quarantine for 14 days and will be transferred into another Segment one, two, Adult classroom or Adult training class or session.**

**ADULT CLASSROOM TERMS**

1. The Student agrees to pay the total amount of $450 on or before the first day of class in the form of; cash, check, or credit card.
2. The Student may miss class only for an illness or emergency.  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.)
3. A fee of $35.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation.

**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. No Refund Will be Given Only transfers.

**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: Family Driving School LLC By: Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Name Signature of Provider Owner Title)