



64261 Van Dyke, Washington, MI 48095
586/336-1255 fax 586/336-0572

OFFICE HOURS: M-F 8am to 5pm

Department of State Certification # P000023

SEGMENT 1 CONTRACT - (Romeo)

Student (Print Name) First Middle Last Age Date of Birth

Address City Zip

Parent Address (if different from above) City Zip

Home Phone Student Cell Parent Cell

Class Date Class Code Time

Payment Cash Check # Date Credit Money Order

COURSE PROVISIONS

Classic Driving School, Inc. will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program.

TERMS

- 1. Students must be at least 14 years 8 months of age by the first scheduled day of class.
2. The parent or guardian agrees to pay two hundred and forty dollars (\$240.00).
3. Students must complete ALL lecture assignments and In Car Evaluation requirements before receiving their Segment 1 certificate.
4. Students must make up any missed classroom or driving appointments.
5. Students must be PICKED UP ON TIME at the end of a class or a drive time.
6. Students will be expelled if they do not conduct themselves properly while in the classroom facilities and show due respect to class instructors and classmates.
7. There is no extra fee for the cost of materials and supplies, however, if the textbook or notebook is lost or damaged there will be a charge of \$30.00 for the textbook and \$10.00 for the notebook.
8. There is a twenty dollar (\$20.00) fee for any returned checks.

REFUND POLICY

- 1. If for any reason you decide to withdraw from the course before its completion, your refund will be based on the following:
a. A refund of 60% of the total price of class is refundable up to the 3rd class session (6 hours of class time).
b. A refund of 40% of the total price of class is refundable up to the 5th class session (10 hours of class time).
c. There is no refund after the 5th class session.
d. If a student is expelled (see terms), then the refund policy is not applicable. There will be NO REFUND.

REQUIRED LANGUAGE

NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with this provider, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

Student Signature

Parent/Guardian (Print Name)

Parent/Guardian Signature

For Office Use Only

School Rep (Print Name) Patti Saltarelli
School Rep Signature Patti Saltarelli
Date of Contract

BEHIND-THE-WHEEL INSTRUCTION AGREEMENT

State procedures require at least two students in a driver's education car at all times. The students have to sign up for a two-hour block of driving time. The two hour block includes one hour of driving and one hour of observation.

Sometimes, due to student schedules, an odd number of students in a class, or missing a driving time due to illness, there could be only one student in the car at a time. The parent or guardian may sign a waiver allowing their son or daughter to be the sole student in the car if one of these situations arises. If the parent or guardian does not want their son or daughter to be the sole driver at any time, the school must make arrangements to accommodate their situation. This could mean canceling an assigned driving time and make-up later if the driving partner fails to meet the appointment.

To insure that all parents understand the possibilities
Parent must **SIGN ONE** of the following agreements.

YES, my son/daughter has permission to be the sole driver in the Classic Driving School vehicle if the occasion arises.

Parent Signature

Date

NO, my son/daughter does **NOT** have permission to be the sole driver in the Classic Driving School vehicle. If a situation arises, Classic Driving School will make arrangements and/or reschedule my child's driving time.

Parent Signature

Date



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SEGMENT 1 MEDICAL FORM
(Please Print)

Student Full Name: _____
First Middle Last

Parent/Guardian's Name: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, an interpreter, seating arrangements, etc.)? Yes _____ No _____

If Yes, please explain: _____

2. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e., adaptive devices, an interpreter, etc.)? Yes _____ No _____

If Yes, please explain: _____

3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?

Yes _____ No _____ If Yes, please explain: _____

4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss)?

Yes _____ No _____ If Yes, please explain: _____

5. Is the student's visual acuity at least 20/40 corrected? Yes _____ No _____

6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes _____ No _____

7. In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely? Yes _____ No _____

If the answer to question 5 is no, or either of questions 6 or 7 is yes, then the parent/guardian must provide a letter signed by the student's physician indicating that the condition has been corrected an/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.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

PARENT SIGNATURE

DATE