



64007 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 _____ **City** _____ **Zip** _____
 (if different from above)

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. Classroom instruction must be a minimum of 3 weeks in length. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction. BTW instruction must be completed no later than 3 weeks after the classroom instruction has been completed. Classes are held at 64007 Van Dyke, MI, Washington 48095.

TERMS

- Students must be at least **14 years 8 months** of age by the first scheduled day of class. (Verification by birth certificate required).
- The parent or guardian agrees to pay four hundred twenty five dollars (\$425.00). **There is a one hundred dollar (\$100) deposit due at the time of scheduling.** The remaining balance can be paid in full or: One hundred dollars (\$100.00) by first day of class, one hundred dollars (\$100.00) by the first day of the second week, and one hundred twenty five dollars (\$125.00) by the first day of the third week.
- Students must complete ALL lecture assignments and In Car Evaluation requirements before receiving their Segment 1 certificate. If the student does not complete either the classroom segment or the In Car Evaluation, they will remain in the Driver Education program until requirements are fulfilled. The required score to pass the STATE TEST is 70%.
- Students must make up any missed classroom or driving appointments. There is a twenty five dollar (\$25.00) fee for any "no show" to a drive time appointment. Notice of need to miss an appointment is necessary to avoid this fee.
- Students must be **PICKED UP ON TIME** at the end of a class or a drive time. There is a five dollar (\$5.00) fee for every fifteen (15) minutes past the pickup time.
- 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.
- 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.
- There is a twenty dollar (\$20.00) fee for any returned checks.
- There is a ten dollar (\$10.00) fee to replace any lost/damaged certificates.

REFUND POLICY

- If for any reason you decide to withdraw from the course before its completion, your refund will be based on the following:
 - There is no refund of the deposit, unless you call and cancel at least 24 hours before class begins.**
 - A refund of 60% of the total price of class is refundable up to the 3rd class session (6 hours of class time).
 - A refund of 40% of the total price of class is refundable up to the 5th class session (10 hours of class time).
 - There is no refund after the 5th class session.
 - 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) | <u>Patti Saltarelli</u> |
| School Rep Signature | <u>Patti Saltarelli</u> |
| 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 ensure 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



Parent/Student Responsibility Form

READ

Student Name: _____

I _____ and I _____ understand that

Parent

Student

students are responsible for keeping track of their scheduled drive dates and times. Classic Driving School is offering a service via Google Calendar that allows you to view your schedule remotely. You must provide us with your GMAIL (if you do not have one, please create one.), and download the “Google Calendar” app. If you have any issues with the schedule you must call Classic immediately. If the student is sick or cannot make a scheduled drive, a parent must call the office 24 hours in advance so that Classic can try to get that spot filled. If the student fails to show up for a scheduled drive, the parent may be charged a \$25 inconvenience fee.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Parent Gmail: _____

Student Gmail: _____