

Premier Driving Academy at Warren Woods
Teen Segment 1 Contract & Health Information

Premier Driving Academy
200 N. Groesbeck, Mt. Clemens, MI 48043
586-741-3748
Office Hours: Monday – Wednesday 8:00 AM – 10:00 AM (by appt.)
Department of State Certification: #P000599

Warren Woods Adult & Community Education
12900 Frazho Road, Warren, MI 48089
586-439-4408
Office Hours: Monday – Friday 8:30 AM – 3:30 PM

Class Location (circle): WWT WWACE Zoom Class Dates: _____

STUDENT NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____

CITY/ZIP: _____

HOME PHONE: _____ STUDENT MOBILE PHONE: _____

BIRTHDATE: _____ (mm/dd/yy) AGE: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

TEEN SEGMENT 1 PROVISIONS

1. Premier Driving Academy 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 with a certified Michigan Driver Education Instructor.
2. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed.
3. Premier Driving Academy will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.
4. The Student must be at least 14 years and 8 months of age by the first day of a Segment 1 course. Verification by birth certificate is required.

TEEN SEGMENT 1 TERMS

1. The total cost of Premier Driving Academy Segment I class is \$375.00 or as listed on the Warren Woods website and fliers. This cost covers materials, books, and driving with instructors. The parent or guardian agrees to pay this amount in full prior to the start of the first class by cash or on Payschools.
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.) The Provider **may** give the make up date after the class has finished if the Provider has time.
4. A fee of \$35.00 will be charge 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.
6. A fee of \$10.00 will be charged for each request for a replacement of a Segment 1 Completion Certificate.

REQUIREMENTS TO PASS THE COURSE

1. The Student must complete all homework and receive an overall grade of 70% on daily quizzes/test.
2. The Student will be allowed up to three (3) 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.
3. By signing this contract (at top of page 2) the student and parent/guardian understand that the student can be expelled from the course if the student does not conduct himself or herself properly while in or about the class facilities and show due respect to class instructors as well as to fellow students. If expelled, the course refund policy would apply.

NOTICE: Premier Driving Academy 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. Completion of driver education instruction does not guarantee qualification for a driver license.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

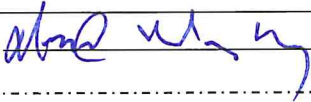
BTW WAIVER

Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two (2) students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing.

I, the Parent/Legal Guardian of the Student, waive this requirement. I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Premier Driving Academy Owner/President: 

ACCOMMODATIONS / MEDICAL CONDITIONS

1. Does the student require any special accommodations to participate in the classroom phase (i.e. test being read, an interpreter, etc.)? Yes No If yes, please explain: _____

2. Does the student require any special accommodations to participate in the BTW phase (i.e. adaptive devices, an interpreter, etc.)? Yes No If yes, please explain: _____

3. Are there any medical conditions that would pose a concern with the students BTW instruction (i.e. 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. 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

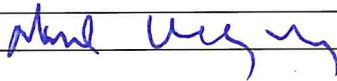
7. In the last six months, has the student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? Yes No

If the answer to any of the question 6 - 7 is yes, then the parent/guardian must provide a letter signed by the student's physician indicating that the condition has been corrected and/or is under control, and the student meets the physical and mental requirements for 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Premier Driving Academy Owner/President: 

VISION SCREENING TEST

I, _____, have been administered a vision screening test on _____ by _____
SIGNATURE OF STUDENT DATE

_____ and received a visual acuity score of at least 20/40 corrected.

INSTRUCTOR NAME

Payment amount: _____ Date(s): _____ Type: _____

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