READ THESE INSTRUCTIONS FIRST!

Segment 1 Registration/Contract Instructions

Read each line carefully. All information on the registration forms must be completed. DO NOT LEAVE BLANKS! All the information is required by the Michigan Department of State. Pay very close attention to the Yellow Highlighted areas. People tend to miss these items. If you're not sure on how to answer something call us or send us an email. Phone: 517-881-0990; Email: info@precisiondrivingschoolllc.com

Be sure to print clearly, especially phone numbers and email addresses. If we cannot read the phone number or email, then we have no way to contact you if there is a problem with your application for the class. Therefore, your teen will not be enrolled into the class. Don't forget there is a mandatory parent meeting on the first day!

Registrations are taken in order they are received. We cannot reserve a place in class for your student until a Proper Completed Registration and Payment is received.

Do not wait until there are a few days left to apply for a class. Class sizes are limited by law, and we must have enough instructors to drive all the students.

Be sure your student is available for every class of the session you want. The State of Michigan does not allow for missed time for the classes. The missed time must be made up in same class they missed in the next session. If they miss more than 2 classes, then the student must start over in a future session.

On the contract where it is asking: Choose Session Number and Choose Class Dates. This information is found on our website: www.precisiondrivingschoolllc.com on the Segment 1 page where the class offerings are.

Please Note: There are 3 separate areas of this Registration/Contract:

- 1. Page 1 is the Registration/Contract
- 2. Page 2 has two parts:
 - a. Behind the Wheel Waiver
 - b. Accommodations/Medical Conditions information
- 3. Page 3 is the payment sheet. This sheet only needs to be completed and sent in if paying by credit or with debit card. It is not needed if paying by cash or check.

Please Note: Student's name. It must be the FULL NAME and must match their birth certificate. DO NOT LEAVE THE MIDDLE NAME BLANK. DO NOT USE JUST THEIR MIDDLE INITIAL. IF THEY DO NOT HAVE A MIDDLE NAME THEN WRITE "NONE" IN THE SPACE.

Please Note: On the Behind the Waiver, be sure to read the statement carefully highlighted in yellow about the waiver. You must answer yes, or no.

- 1. Yes, means you waive the requirement. Your student CAN drive with the instructor if their drive partner did not show up for the drive appointment. Therefore, your teen will not miss any scheduled driving or observation time.
- 2. No means you do not waive the requirement. Your student CANNOT drive with the instructor if their drive partner does not show up for the drive appointment. Therefore, your teen will miss their drive time and observation time
- **3.** Please Note: To complete this course your teen must complete 6 hours of behind the wheel driving and 4 hours observing another student drive for a total of 10 hours in the car.
- 4. If you answered (No) on the waiver then the parents will be required to ride in the back seat of the car for their teen to obtain their hours.

Signatures and Dates: Make sure both PARENT AND TEEN signs and dates (both places).

If emailing the Registration/Contract:

1. Do not send a picture of the documents. They cannot be accepted, and your registration will be rejected. Only send as a pdf file or word document. Free phone apps like Genius Scan makes it easy to turn any document into a pdf file.



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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; <u>Michigan.gov/DriverEd</u>. Completion of driver education instruction <u>does not</u> guarantee qualification for a driver license.

TEEN REGISTRATION & SEGMENT 1 CONTRACT Please Note: The student is not considered enrolled or guaranteed until all completed information and payment is received. Must have student's Full Name. Do not leave blank. Do not use middle initial only. We will send an email confirmation after everything is received. Please Print Clearly: Choose Session Number (See Website Segment 1 Page) Choose Class Dates (See Website Segment 1 Page) Classroom & BTW Location: Okemos High School, 2800 Jolly Rd, Okemos, MI 48864 Program Number (Office Use Only) Name of Student Full Name on Birth Certificate) Middle (No Initials, if no middle name, write None) Last First Student Phone: ____ Date of Birth Age _____ City _____ _____Zip____ Address Home/Cell Phone _____ Work _____ Name of Parent/ Guardian _ Address of Parent/Guardian if different from Student: (Circle if same) Email for class confirmation (Print Clearly): Emergency Contact Person (other than parent/legal guardian) Phone Number

TEEN SEGMENT 1 PROVISIONS

- Precision 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 1. observation time with a certified Michigan Driver Education Instructor.
- 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 2. a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed.
- Precision 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 3. program.
- 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 or passport is required and must be 4 presented on the first day of class at check in.

TEEN SEGMENT 1 TERMS

- 1. The Parent or Legal Guardian agrees to pay the total amount of \$460.00 on or before the first day of class in the form of; cash, check, or money order or \$480.00 lf paying by credit/debit card (See page 3 for payment information). If a check is returned for non-sufficient funds, a \$40.00 fee will be charged plus the tuition for Segment 1.
- The Student and at least one Family Partner must attend the mandatory Parent/Guardian Meeting on first day of class. If a Parent/Guardian /Family Partner does not attend the 2. meeting, then student will not be allowed to the attend the course.
- 3. The parent/guardian will inform the provider or instructor if there are any accommodations required for their teen to participate in either the classroom or in the vehicle portion of Segment 1.
- The Student may miss only 2 classes 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 classroom instructor will communicate the make-up day(s). BTW make-ups will be schedule between the btw instructor and student. 4
- Driving appointment cancellations with less than 24 hours of notification, or "No Show" (10 minutes late) a Cancellation/No Show fee of \$30.00 will be charged. This 5. fee must be paid in full to the BTW instructor before any additional driving instruction is provided.
- A Segment 1 Certificate of Completion will not be issued until all textbook, workbook and materials are returned. 6
- A fee of \$30.00 will be charged for each lost or damaged textbook, workbook, or materials. A Segment 1 Certificate of Completion will not be issued until the fee is collected. 7
- Replacement fee for a Segment 1 Certificate of Completion is \$25.00. 8.
- If a student needs additional BTW drives to meet the objectives of the Driver Education Provider and Instructor Act (DEPIA) to pass the course, the fee is \$30.00 per 9. each drive.
- 10. The student is required to follow the instructor's directive in the classroom and in the vehicle, or the student may face dismissal without refund.

REQUIREMENTS TO PASS THE COURSE

- 1. The student must complete all 24 hours of classroom, 6 hours of BTW, 4 hours of observing another student driving and any assigned homework. Must successfully pass the State Written Exam.
- 2 The Student will be allowed up to 3 attempts to pass the State Exam, which requires a score of at least 70%. The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion 3 with a satisfactory or higher grade.

REFUND POLICY

If you decide to withdraw from the course before its completion, your refund will be based on the following prorated schedule:

- Prior to first day of class, full tuition minus \$50.00.
 During the first three classes, if no behind-the-wheel lessons were received, 70% of the tuition will be refunded.
- 3. During the first three classes, if one hour of behind-the-wheel driving has been completed, no tuition will be refunded.

4. No refunds will be processed until all textbooks, workbooks, materials and supplies have been returned to the instructor.

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BEHIND-THE-WHEEL WAIVER

fa	lease Note: For the behind-the-wheel driving the students are paired up with a driving partner for their drives. If the students drive partner cancels or ills to show up to the driving appointment, then your student also would not be able to drive during their scheduled time with the instructor unless ou waive this requirement. Please see the Driver Education Provider and Instructor Act (DEPIA) requirement below			
	ection 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during the behind-the-wheel instruction nless a parent waives this requirement in writing.			
	the Parent/Legal Guardian of the Student, waive this requirement (Circle One): Yes or No (Yes means you waive the requirement. No means you do ot waive the requirement).			
	understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle driven by another driver ducation student.			
St	tudent Signature Date			
Pa	arent/Legal Guardian Signature			
Pi	recision Driving School LLC Date			
1.	ACCOMMODATIONS/MEDICAL CONDITIONS Does the student require any special accommodations to participate in the classroom phase (e.g., test being read to them, an interpreter, seating arraignments, etc.)? Yes No			
	If yes, please explain:			
2.	Does the student require any special accommodations to participate in the behind-the-wheel phase (e.g., adaptive devices, an interpreter, etc.)? Yes No If yes, please explain:			
3.	Is your student taking any medications that may affect their ability to drive a motor vehicle safely? Yes No			
	If yes, please explain:			
4. Ae there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (e.g., epilepsy, asthma, diabetes, color blindness etc.)? Yes No				
	If yes, please explain:			
5.	Is the student's visual acuity at least 20/40 corrected? Yes No If the answer is No, then the Parent/Guardian must provide a letter signed by the Student's eye care specialist ensuring the student meets State Physical (vision) standards.			
6.	In the last six months, has the student had a fainting spell, blackout, seizure, loss of consciousness, or any physical or mental condition which could affect their ability to drive a motor vehicle safely? Yes No			
	If yes, please explain:			
	the answer to question 6 is <u>Yes,</u> the Parent/Guardian must provide a statement confirming the condition is under control and the Student meets the physical nd mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.			
St	tudent Signature			
Pa	arent/Legal Guardian Signature			

Tuition Amount Paid: (Office Use Only) _____ Form of Payment: Cash, Check, Money Order, Credit/Debit

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Date ___

Precision Driving School LLC ____



TEEN SEGMENT 1 TUITION PAYMENT FORM

- 1. Registration/Tuition Fee:
 - a. \$460.00 cash, check or money order
 - b. \$480.00 by credit/debit card
- 2. Submit this form for credit card payments only.
- 3. Do Not submit this form if paying by cash, check or money order.
- 4. After all completed registration and payment is received you will receive an email confirmation for the class.

** If paying by credit card, please complete the following information							
Card Type: □	MasterCard	□VISA					
Cardholder Name (a	s shown on card):						
Card Number:							
Expiration Date (mor	ith/year):						
Cardholder ZIP Code (from credit card billing address):							
CWV Code (3-digit co	de on back of card.	Amex has 4 digits)	:				

I,_____authorize Precision Driving School LLC to charge my credit card above for the agree agreed upon charges. I understand that this is a one-time charge.

Customer Signature: _____

Date: _____

Please note: How to send us your completed registration forms and payment.

- 1. Mail it to: Precision Driving School LLC, 3945 Okemos Rd, Suite A-5, 48864.
- 2. Or use the drop box located at our office. The address is 3945 Okemos Rd, Suite A-5, 48864.
- Or completed registration form and payment form can be emailed. (Must be scanned into a PDF or Word document. Do NOT SEND PHOTOCOPIES of forms. Be sure both Parent and Student signs all places). Email address is: info@precisiondrivingschoolllc.com
- 4. Or you may call our office to pay with credit or with debit card at (517) 881-0990. But you must still complete the Registration Segment 1 Contract, Accommodations/Medical Accommodations and BTW Waiver forms and send them in.
- 5. The student is not considered enrolled or guaranteed until all completed information and payment is received.

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