



PRECISION DRIVING SCHOOL LLC
3945 Okemos Rd, Suite A5, Okemos, MI 48864
State of Michigan Provider Certificate P000766
Office Hours: Tuesday 1p-2p, Thursday 11a-12p; Phone Hours: 9 am to 4:30 pm (517) 881-0990
Email: info@precisiondrivingschoolllc.com Web: precisiondrivingschoolllc.com

Segment 1 Pre-Registration and Payment Instructions (For the Laingsburg Class Location)

These forms and instructions are for the **Laingsburg High School Class location**.

Please Read carefully. State of Michigan requires all the information on the pre-registration form. **DO NOT LEAVE BLANKS!** If you're not sure on how to answer something call us or send us an email. We will be glad to assist you. Office Phone: 517-881-0990; Email: info@precisiondrivingschoolllc.com

*****Student must be 14 years 8 months old by the first day of class.*****

Please print clearly, If we cannot read the phone number or email, then we cannot contact you if there is a problem with your registration or payment and your teen will not be enrolled into the class.

Don't forget there is a mandatory parent meeting on the first day of class. No exceptions! Purpose of the meeting:

1. Complete and Finalize Mandatory Contract Requirements that will require teen and parent/guardian signatures.
2. Explain the driver's education program in accordance with Michigan Department of State rules and any recent updates to the program.

Registrations are taken in order they are received. **We cannot reserve a place in class for your student until a Pre-Registration form 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.

*****State of Michigan requires attendance for every class and has specific rules regarding missed classes. If a class is missed, that class must be made up in the next Segment 1 session. If the student misses more than 2 classes, then the student must start over in a future session. Be sure your student is available for every class of the session you want. There is no refund for missing too many classes.*****

On the Pre-Registration form where it is asking Class Session Number and Month; and Class Start Date. This information is found on our website: www.precisiondrivingschoolllc.com on the Segment 1 page (Laingsburg Class Location) where the class offerings are.

*****Please Note: Name of Student: 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. We must input your teens information into the Secretary of State driver's license system, and it needs to match the birth certificate*****

Please Note: There are 2 separate areas of this Pre-Registration form. Please complete all the information it is required.

1. Teen and Parent information
2. Accommodations/Medical Conditions information
3. Teen and Parent signatures and dates: **Make sure both PARENT AND TEEN signs and dates the form.**

The credit card/debit card 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 or money order.

How to send us your completed pre-registration form and payment.

1. Mail it to: Precision Driving School LLC, 8321 Round Lake Rd, Laingsburg, MI 48848
2. Or use the drop box located at the front door of our residence: 8321 Round Lake Rd, Laingsburg, MI 48848.
3. Or completed pre-registration form credit/debit payment form can be emailed. **(Be sure both Parent and Student signed the Pre-Registration form).** Email address is: info@precisiondrivingschoolllc.com
4. Or you may call our office to pay with credit/debit card or make arraignments to pay by cash at (517) 881-0990. But you must still complete the Pre-Registration form and send it in.
5. **The student is not considered enrolled or guaranteed until all completed information and payment is received.**

*****If emailing the Pre-Registration and payment forms: Free phone apps like Genius Scan makes it easy to turn any document into a pdf file.*****

Welcome to our program and we look forward to having your teen in class.



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TEEN SEGMENT 1 PRE-REGISTRATION

Classroom & BTW Location: Laingsburg High School, 8008 Woodbury Rd, Laingsburg MI 48848

Please Note: State of Michigan requires all the information below Must have student's Full Name. Do not leave blank. Do not use middle initial only. Do not leave blank answers. We will send an email confirmation after everything is received. Please Print Clearly:

Class Session Number and Month. (Example, Session 1 January) _____ Class Start Date _____
(See Website Segment 1 Page Laingsburg) (See Website Segment 1 Page Laingsburg)

Name of Student _____
Full Name on Birth Certificate) First Middle (No Initials, if no middle name, write None in the space) Last

Date of Birth _____ Age _____ **(Must be a minimum of 14 yrs. 8 mos. old by first day of class)**

Address _____ City _____ Zip _____

Name of Parent/ Guardian _____ Home/Cell Phone _____

Parent/Guardian Email for class confirmation **(Print Clearly)**: _____

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the student require any special accommodations to participate in the classroom phase (e.g., test being read to them, 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 (e.g., adaptive devices, an interpreter, etc.)?
 Yes _____ No _____
 If yes, please explain: _____
3. Is the student taking any medications that may affect their 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 (e.g., epilepsy, asthma, diabetes, color blindness, hearing loss, 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: _____

If the answer to question 6 is Yes, the Parent/Guardian must provide a physician statement confirming the condition 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.

Student Signature _____ **Date** _____

Parent/Legal Guardian Signature _____ **Date** _____

REFUND POLICY

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

1. Credit/Debit card fees are nonrefundable.
2. Prior to first day of class, tuition minus \$50.00.
3. During the first three classes, if no behind-the-wheel lessons were received, 70% of the tuition will be refunded.
4. During the first three classes, if one hour of behind-the-wheel driving has been completed, no tuition will be refunded.
5. No refunds will be processed until all textbooks, workbooks, materials, and supplies have been returned to the instructor.



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TEEN SEGMENT 1 TUITION PAYMENT FORM
LAINGSBURG HIGH SCHOOL LOCATION

1. Registration/Tuition Fee:
 - a. \$420.00 cash, check or money order
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.**

We Do Not maintain any of your credit/debit card information. After payment is processed this form is destroyed.

** If paying by credit card, please complete the following information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):
Card Number:
Expiration Date (month/year):
Cardholder ZIP Code (from credit card billing address):
CWV Code (3-digit code 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: _____

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