



**Segment 1 Contract  
Health Information**

417 Quincy St. Hancock, MI 49930 1-800-877-9558 ext. 804 Certificate #: P000020

---

Mailing Address: 215 Vivian St. Hancock, MI 49930

---

**SEGMENT 1 – Health Screening Questionnaire**

(Please Print)

STUDENT LEGAL NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ VERIFIED BY CERTIFICATE  
*Student must be 14 years 8 months by the first class date*

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 , 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 medication 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 (epilepsy, asthma, color blindness, hearing loss, etc.)? Yes\_\_\_ No\_\_\_ Explain: \_\_\_\_\_

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

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

7. In the last 6 months, has the student had a physical or mental condition which affected the ability to drive a motor vehicle safely? Yes\_\_\_ No\_\_\_

**If the answer to question 5 is no, or either of question 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 and/or is under control, and the student meets the physical and mental requirements for a motor vehicle operator's license under Section 309 of 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.



**SEGMENT 1 - TEEN CONTRACT**

OFFICE HOURS: By appointment

417 Quincy St. Hancock, MI 49930

PH #: 1-800-877-9558 ext. 804 Certification #:P000020

Class ID: \_\_\_\_\_ Class Location: \_\_\_\_\_ Class Dates: \_\_\_\_\_ Times: \_\_\_\_\_

Mailing Address: 215 Vivian St. Hancock, MI 49930

STUDENT LEGAL NAME (Please Print) \_\_\_\_\_  
(First) (Middle) (Last)

STUDENT ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_ Email \_\_\_\_\_

I, *(Parent's signature)* \_\_\_\_\_ agree to pay Drive America, LLC \$490.00, for a Segment One course in Driver's Education. Drive America, LLC will provide a minimum of 24 hours of classroom experience and 6 hours of behind-the-wheel (BTW) training, as well as a minimum of 4 hours of in car observation with a certified Michigan Driving Instructor. All materials will be provided by Drive America, LLC. Drive America will conduct the BTW instruction in a dual-controlled automobile, insured by the Provider covering each student enrolled in the program.

Class must be paid for in full by the first day of instruction. There is a \$25.00 fee for returned checks. There will be no refunds after the second day of class. Classes will be held at Hancock, Houghton-Portage, Chassell Township, Lake Linden-Hubbell, L'Anse, Adams Township and Dollar Bay -Tamarack City Public Schools through an agreement with Drive America, LLC for the use of a classroom and AV equipment.

Driving time is scheduled between the instructor and student. It is the student's responsibility to be at the appointed time and place for driving. There is a \$25.00 no-show fee (paid by the student) if he/she does not show up on time for his/her driving appointment or has not given 24-hour minimum prior cancellation notice to Drive America or its instructors. This fee must be paid before the student will be rescheduled to drive.

Successful completion of the classroom portion of the class includes handing in all required materials, and assignments as prescribed by the instructor as well as a passing grade on the administered State Exam. The student will be permitted to retake the test up to 2 times, for a total of 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 with a satisfactory or higher grade.

**Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. Behind-the-wheel instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and the driving must be completed no more than 3 weeks after the classroom instruction has been completed.**

Student may not miss more than 2 classes (4 hours) unless approved by our office for extenuating circumstances, which must be made up, and may not exceed 60 days from the original start date. Any student who misses more than 4 classes (8 hours) will be excused from the program. Student may retake the final exam at a fee of \$15.00. There is a \$10.00 replacement fee for lost Segment One or Two certificates and for stipend refunds. Please enclose payment at time of request.

PARENT/GUARDIAN NAME \_\_\_\_\_  
(First) (Last)

PARENT ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ PAYMENT METHOD: Cash Check Card

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby state that I have read and understand the above information and that I am at least 14 years and 8 months of age on or before the first day of class (Verified by birth certificate) and will not reach 18 until after this program is completed. I have no physical handicap or disability or take medications or drugs, which would impair or prevent me from driving a motor vehicle or would endanger the lives of others.

X \_\_\_\_\_ X \_\_\_\_\_  
Student Signature Date Parent/Guardian Signature Date

Driving School Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**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-P011 Statement of Complaint form found at Michigan.gov/DriverEd. Completion of a driver education course does not guarantee qualification for a driver license.**