SEGMENT 2 - 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

(First) (Middle) (Last)

STUDENT LEGAL NAME **(Please Print)**_____

STUDENTADDRESS_____City_____Zip_____

BIRTHDATE_____AGE_____PHONE_____Email_____

I, _*(Parent's signature)*_____ agree to pay Drive America **$115.00** due on or before the first class session, for **6 hours of classroom instruction with a certified Michigan Driver Education Instructor. Classroom instruction shall not exceed 2 hours per day.** Attendance is mandatory – there are no make-up classes and no refunds will be given after the first day of class. Classes will be held at Hancock, Houghton-Portage, Lake Linden-Hubbell, Chassell Township, 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.

Drive America, LLC will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor.

For a student to participate in Segment 2:

- **A driving log must be presented to verify that the student has completed a minimum of 30 hours of driving** (including 2 hours at night) with a licensed parent/guardian or designated licensed adult driver 21 or older.

A log was presented to the Segment 2 Instructor on or before the first classroom session.

✓ **Parent or Student Initials:**_____ **Instructor Initials:**_____

- **The student must have held a level 1 License for not less than 3 continuous months.**

✓ **Parent or Student Initials:**_____ **Instructor Initials:**_____

Upon successful completion of the class, which includes attending all classes, successful participation, and passing a twenty-question exam with a minimum of 70%, students are issued a Segment II Course Completion certificate. The exam can be retaken up to twice at a rate of $15.

There is a $10.00 fee for replacement of a lost Segment II certificate. Please enclose payment at time of request.

PARENT/GUARDIAN NAME_____
(First) (Last)

ADDRESS_____City_____Zip_____

PHONE_____ Email:_____

PAYMENT METHOD Cash ☐ Check ☐ Credit/Debit Card ☐

EMERGENCY CONTACT_____PHONE_____

I hereby state that I have read and understand the above information. I further state that I have a valid Level 1 license and have driven at least 30 hours with a parent or a designated licensed adult over age 21.

X _____ **X** _____

Student Signature Date Parent/Guardian Signature Date

_____

Driving School Manager's 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.

THE DRIVING RECORD OF EACH INDIVIDUAL INSTRUCTOR IS AVAILABLE FOR REVIEW UPON REQUEST.