COURTESY DRIVING SCHOOL, INC.

54901 Mound Road, Shelby Township, MI 48316 *(800) 256-9559 * www.courtesydrivingschool.com

Serving Teens and Adults Since 1970!

DRIVER EDUCATION SEGMENT I

I, the undersigned, agree to pay Courtesy Driving School, Inc., Tuition Price: $_____, for the described driver's education course, which includes 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation in a dual controlled automobile, fully insured, covering each student enrolled in the program. This price also includes the three-dollar book rental fee for the materials used during the course. BTW instruction shall not begin until after the second day of class. Classroom and BTW instruction must be completed no later than 3 weeks after the last day of scheduled lecture class. If a student misses a class, they may make it up in a future class or at another one of our locations. This course is approved by the Michigan Department of State.

GENERAL STATEMENT

In a classroom program such as this, a student will have to prepare for each lecture. If a student passes **all** of the lecture requirements, including 56 or more correct out of 80 questions on the state test, and the behind-the-wheel instruction, then the student may be permitted to receive his/her Michigan Driver Education Certificate of Completion. If a student does not pass either the classroom segment or the behind-the-wheel instruction, they will have to enroll in another driver's education program until all the requirements are fulfilled. Student must be 14 years and 8 months of age by the first day of class (verification by birth certificate or State ID required).

On the first day of class, student will provide information to facilitate in the creation of their certificate by filling out an enrollment card. The enrollment card will request student's legal name as it appears on birth certificate and their birth date. If for any reason student provides this information incorrectly by misspelling their name or giving an incorrect birth date, the certificate will be typed incorrectly. If such a situation occurs, there will be a $10 fee to issue a replacement certificate.

Behind-the-Wheel Instruction: I understand that the 6 hours of behind-the-wheel instruction will be scheduled directly with my instructor. I understand that there will be a $30.00 fine for each 1-hour driving session that I am late to or that I miss. I further understand that these driving sessions may be cancelled only during class time with my instructor, or by special agreement with my instructor. Students are advised to be at their driving sessions 10 minutes prior to their start time.

Health: I verify that my son/daughter has 20/40 vision or better and does not have any physical or mental condition that would affect their ability to operate a motor vehicle safely on public streets.

Method of Payment: On the first and second day of class – cash, money order, or personal check* made payable to **COURTESY DRIVING SCHOOL** (no business checks) will be accepted. Thereafter, **only CASH or MONEY ORDER will be accepted.** If paying in installments, tuition must be paid in full by no later than the 8th day of a Segment I class. *(*There will be a $40.00 fee for any checks returned to our office for insufficient funds.)*

Classroom Conduct: I understand that I will be expelled from the course if I do not conduct myself properly while in or about the class facilities and show due respect to my instructors, as well as my fellow students. If I am expelled from the course, the refund formula described below would apply.

Please bring with you to the first class session: Permission slip, tuition payment or deposit, notebook, pen/pencil, and birth certificate. A textbook and binder (which includes the course outline, lecture materials, and driver's education information necessary for each class) will be handed out to each student.

Refunds: I understand that if I do not complete the course, only 60% of the course fee is refundable up to the first week after the start of the course; only 40% of the course is refundable from the first to the second week of the course; thereafter, no portion of the course fee is refundable.

Notice: This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with this school, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver's license. (Provider Certificate #: P000161)

Class Location: I understand the classroom sessions will be held at the following location: **L'ANSE CREUSE HIGH SCHOOL**
38495 L'Anse Creuse Rd., Harrison Twp. 48045

Class Dates	Class Days	Class Times	Program Number
_____ July 9-26	M,T,W,TH / M,T,W,TH / M,T,W,TH	8-10 a.m.	18-7-29
_____ July 30-Aug. 16	M,T,W,TH / M,T,W,TH / M,T,W,TH	8-10 a.m.	18-7-30
_____ Aug. 6-23	M,T,W,TH / M,T,W,TH / M,T,W,TH	10 a.m.-12 noon	18-8-15
_____ Sept. 10-27	M,T,TH,F / M,T,W,TH / M,T,W,TH	2:30-4:30 p.m.	18-9-10
_____ Oct. 1-23	M,T,W,TH / M,T / M,T,W,TH / M,T	2:30-4:30 p.m.	18-10-48
_____ Oct. 24-Nov. 15	W,TH / M,T,W,TH / M,TH / M,T,W,TH	2:30-4:30 p.m.	18-10-49
_____ Nov. 26-Dec. 17	M,T,W,TH / M,T,W,TH / M,T,TH / M	2:30-4:30 p.m.	18-11-26
2019 _____ Jan. 7-31*	M,T,TH,F / M,T,W,TH / M,T,W,TH	2:30-4:30 p.m.	19-1-19
(*No lecture classes MLK & final exam week Jan.21-25)			
_____ Feb. 4-27	M,T,TH / M,T,W / T,W,TH / M,T,W	2:30-4:30 p.m.	19-2-25
_____ March 4-26	M,T / M,T,W,TH / M,T,W,TH / M,T	2:30-4:30 p.m.	19-3-20
_____ Apr. 8-May 2	M,W,TH / T,TH / T,W,TH / M,T,W,TH	2:30-4:30 p.m.	19-4-27
_____ May 6-28	M,T,TH / M,T,W,TH / M,T,W,TH / T	2:30-4:30 p.m.	19-5-23
_____ June 3-27*	M,T,TH / M / M,T,W,TH / M,T,W,TH	8-10 a.m.*	19-6-35
(*June 3-10 classes meet 2:30-4:30 p.m.; No lecture classes during exams June 11-13)			
_____ July 8-25	M,T,W,TH / M,T,W,TH / M,T,W,TH	8-10 a.m.	19-7-42
_____ July 29-Aug. 15	M,T,W,TH / M,T,W,TH / M,T,W,TH	8-10 a.m.	19-7-43
_____ Aug. 5-22	M,T,W,TH / M,T,W,TH / M,T,W,TH	10 a.m.-12 noon	19-8-26

NAME: _____ DATE OF BIRTH: _____
First Middle Last

PARENT OR LEGAL GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ HIGH SCHOOL ATTENDING: _____

Are there any medical conditions that pose a concern with the student's behind-the-wheel instruction? Yes _____ No _____

If yes, please explain: _____

_____ _____
Student Signature Date Parent or Guardian Signature Date

_____
School Representative Signature

****We are now scheduling for Segment II classes. Call now for available dates and times.****

Office Hours: Mondays through Fridays -- 9:00 a.m. to 6:00 p.m.; Saturdays -- 9:00 a.m. to 3:00 p.m.

PRE-REGISTER BY PHONE TO SECURE YOUR SPOT IN OUR PROGRAM 1-800-256-9559

****PART OF YOUR TUITION IS GIVEN BACK TO YOUR SCHOOL!****

Certified local instructors with FBI background checks every 4 years and physicals every 2 years