



State of Michigan Provider Certificate Number P000598  
Business and Classroom address:  
5452 Perry Road Grand Blanc, MI 48439  
Office Hours: Monday – Friday, 10 am - 2 pm  
(810) 606-0094 allsafedriversed@yahoo.com

PROGRAM # \_\_\_\_\_  
DATE OF COURSE \_\_\_\_\_  
TIME \_\_\_\_\_

Student \_\_\_\_\_  
Address \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_  
Home Phone \_\_\_\_\_ Students Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Parents Cell \_\_\_\_\_ Work \_\_\_\_\_

#### SEGMENT ONE PROVISIONS

- AllSafe Drivers Ed LLC will provide a minimum 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time. Classroom instruction must be a minimum of 3 weeks in length. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction. BTW instruction must be completed no later than 3 weeks after the classroom instruction has been completed.
- AllSafe Drivers Ed LLC will provide a certified instructor, and conduct behind-the-wheel instruction in a dual-controlled automobile, fully insured, covering each student enrolled in the program.
- Upon successful completion, the student will be issued a "Michigan Driver Education Certificate of Completion," certifying completion of Segment One Driver Education. A \$5.00 fee will be charged for replacement certificates.

#### TERMS

The parent/guardian authorizes the student to take part in this program on the basis that the student meets the physical requirements specified by law for issuance of a motor vehicle operator's license. The student must be at least 14 years 8 months of age by the first day of class (verification by birth certificate required). Students will be issued a Certificate of Completion providing a student has attended all required classroom and behind the wheel hours of instruction, and a State Test passing grade of 70% or higher is obtained. State test can be taken a total of 3 times if necessary. Segment One fee is \$325.00 payable by cash, check or \$335.00 if paid by credit card. There will be a \$30 fee for any returned check. Additional hourly behind the wheel training fee over and above the 6 hour requirement is \$35.00 per hour. At least \$160 down payment is required at registration, and at least \$200 is required before a student's first scheduled drive. Certificate of Completion will not be issued unless full payment has been received.

In the event of a driving appointment cancellation, a cancellation fee of \$20.00 will be charged if 24 hours advance notice is not given. Payment must be received before rescheduling. Student class absences will be made up either by appointment or when the missed session is repeated at the next available scheduled Segment I. This agreement constitutes the entire agreement between the school and the student and his/her parent/guardian.

#### REFUND POLICY

If unforeseen circumstances prevent the student from attending 0-2 classes after payment has been made, a full refund may be granted at the discretion of the school; providing no driving time has been invested in the student. If the student withdraws from the class prior to the fifth session, and if no behind the wheel driving lessons were taken, 50% of total tuition is refunded. There is no refund after the 5<sup>th</sup> class. No refund will be processed until all materials and supplies are returned to instructor. If the Manual is lost or damaged, the student will be charged \$25.00. Checks returned for any reason will be assessed a \$30.00 fee. The school reserves the right to cancel or reschedule courses or classes at its sole discretion.

**WE, THE UNDERSIGNED, UNDERSTAND THE ABOVE PROVISIONS.**

CHOOSE ONE:

☐

**\$325.00**

FEE BY CASH OR CHECK

☐

**\$335.00**

FEE BY CREDIT CARD

SIGNATURE OF STUDENT \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

AUTHORIZED SCHOOL REPRESENTATIVE \_\_\_\_\_  
*Mandi James*

**NOTICE:** This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with this provider, write: Michigan Department of State, Driver Programs Division, Lansing, Michigan 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

## BEHIND-THE-WHEEL INSTRUCTION AGREEMENT.

Provider and customer must sign one of the following agreements.

### 1) On-the-road student instruction agreement.

This agreement provides that AllSafe Drivers Ed, LLC shall have not less than two (2) students in the vehicle used by the student or customer during behind-the-wheel instruction. If no student is available to be a passenger, parent must accompany student during drive.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Provider

### 2) Parent waiver agreement for individualized on-the-road instruction.

By signing below, I, \_\_\_\_\_, authorize  
Printed Name of Parent/Guardian

AllSafe Drivers Ed, LLC to allow a certified instructor employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Provider

**AllSafe Drivers Ed LLC Drivers Ed LLC Student Registration Form**

Please **print** the following items:

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

BIRTHDATE \_\_\_\_\_ **VERIFIED BY BIRTH CERTIFICATE**

How did you hear about AllSafe Drivers Ed?

\_\_\_\_\_ Friend (Referred by: \_\_\_\_\_) \_\_\_\_\_ Phone book \_\_\_\_\_ Internet

\_\_\_\_\_ School Ad \_\_\_\_\_ Newspaper \_\_\_\_\_ Direct mail \_\_\_\_\_ Other

PARENT OR GUARDIAN'S NAME: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

Does the student require any special accommodations to participate in the classroom (Test being read to him/her, an interpreter, seating arrangements, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Does the student require any special accommodations to participate in the behind-the-wheel phase (ie adaptive devices, an interpreter, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Are there any medical conditions that would pose a concern (epilepsy, asthma, color blindness, hearing loss)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Is there any physical condition that would affect has her ability to perform the driving maneuvers?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

In the last six months, has the student had a physical or mental condition which affected his/her ability?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

In the last six months, has the student had a fainting spell, blackout, seizure, or other loss of consciousness?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If the answer to this question is yes, then the student must provide a letter from the student's physician addressed to the driving school indicating that the condition which caused the episode was a "one-time" occurrence, and would not occur again and/or prevent the student from safely operating a motor vehicle.**

Is the student's visual acuity 20/40 or corrected to at least that? (Does the student have good vision, with or without glasses?)

Yes \_\_\_\_\_ No \_\_\_\_\_

Students will not be able to perform behind-the-wheel instruction if clothing inhibits movement, or foot wear is inappropriate. No flip-flops, loose sandals, high-heeled or platform shoes are allowed.

Students are asked to get plenty of rest, and maintain adequate nutrition and hydration to ensure mental alertness

STUDENT SIGNATURE \_\_\_\_\_



SCHOOL REPRESENTATIVE

PARENT SIGNATURE \_\_\_\_\_

\_\_\_\_\_

DATE