



State of Michigan Provider Certificate Number P000598
 Office and Classroom address:
 5452 Perry Road Grand Blanc, MI 48439
 Office Hours: Monday – Friday, 10 am - 2 pm
 (810) 606-0094 allsafedriversed@yahoo.com
 2nd classroom: 1086 N. Irish, Davison, MI 48423

PROGRAM # _____

DATE/TIME OF COURSE _____

LOCATION (CIRCLE): GRAND BLANC DAVISON

Student Name: _____
AS IS ON BIRTH CERTIFICATE FIRST MIDDLE LAST

Address _____ City _____ Zip _____

Home Phone _____ Student's Cell Phone _____

Age _____ Date of Birth ____/____/____ Grade _____ School Attending _____
(Month) (Day) (Year)

Parent/Legal Guardian _____ Relationship to Student _____

Address (if different from above) _____ City _____ State _____ Zip _____

Parents' Cell phone _____ Work Phone _____

SEGMENT ONE PROVISIONS AND TERMS

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. **All requirements of Segment One must be completed within 6 weeks of the start date.**

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. A statement signed by the parent or guardian granting approval for individualized behind-the-wheel instruction must be submitted before any student is allowed to ride alone with a driver education instructor.

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, they have completed the provided workbook, 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 or debit 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 \$40.00 per hour. At least \$200 down payment is required at registration, and at any payment made after the first week of class needs to be in cash. Certificate of Completion will not be issued unless full payment has been received. **Checks can be made out to "AllSafe" or "AllSafe Driver's Ed" and are only accepted until the first week of class.**

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. 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.


REFUND POLICY

There is no cancellation fee for cancelling a reservation. 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 5th class. No refund will be processed until all materials and supplies are returned to instructor and payment has cleared the bank. If the Manual is lost or damaged, the student will be charged \$25.00. The school reserves the right to cancel or reschedule courses or classes at its sole discretion.

WE, THE UNDERSIGNED, UNDERSTAND THE ABOVE PROVISIONS.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____ SIGNATURE OF STUDENT _____ DATE _____

NOTICE: This driver education 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 Driver Education Complaint form under "Driver Programs Division" on the Department of State website; www.michigan.gov/sos. Completion of driver education does not guarantee a driver's license.

For Office Use only:
 Birth Date verified: _____ Payment: \$325 by cash / check paid on _____
 \$335 by credit or debit card paid on _____

 AUTHORIZED SCHOOL REPRESENTATIVE (Rev. 12/2017)

The law requires that AllSafe Drivers Ed, LLC provide behind-the-wheel instruction with not less than 2 students in the training vehicle. That requirement may be waived if the parent/legal guardian signs the waiver agreement below, allowing for their son or daughter to be given individualized lessons. The student must still complete at least four hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.

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

I understand that my son/daughter must still complete at least four hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.

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 ____ Phone book ____ Internet ____ Relative went to AllSafe
____ School Ad ____ Newspaper ____ Direct mail ____ AllSafe car

Parent/Legal Guardian _____ Relationship to Student _____

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

Yes _____ No _____ If so, 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 so, please explain:

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

Yes _____ No _____ If so, 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)?

Yes _____ No _____ If so, please explain:

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

Yes _____ No _____

6. In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely?

Yes _____ No _____

7. 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 _____

If the answer to either of questions 5 or 6 is yes, or the answer to question 7 is no, 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 the Michigan Vehicle Code, 1949 PA 300 MCL 257.309.

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.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE