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 II

I, the undersigned, agree to pay Courtesy Driving School, Inc., Price: $_____, for the described driver's education course, which includes six hours of classroom instruction. This course is approved by the Michigan Department of State. Course will consist of 6 hours of classroom instruction and shall not exceed 2 hours of instruction per day.

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, then the student may be permitted to receive his/her Michigan Driver Education Certificate of Completion. If a student does not pass the driver's education Segment II classroom requirements, including 14 or more correct out of 20 questions on the State Test, they will remain in the driver's education program until all the requirements are fulfilled. If a student misses a class, they must make up that same class in a future session.

For a student to participate in Segment II, verification must be received that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent or guardian (or parent designee) on a level 1 license, which has been held for not less than 3 continuous months. I attest that my son/daughter has driven a minimum of 30 practice hours on their Michigan Graduated Level I Learner's License under my supervision including 2 hours at night. He/she has been driving on their Level I Learner's License for at least three (3) continuous months or more.

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.

Method of Payment: Cash or money order only will be accepted on the first day of class. No checks will be accepted.

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 in the form of cash or money order only, Level I Learner's License, driving log, notebook, and pen/pencil.

Refunds: I understand that if I do not complete the course, which consists of six hours of lecture, that only 60% of the course fee is refundable up to the second day; 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: **TRAVERSE CITY WEST HIGH SCHOOL**

Class Dates	Class Days	Class Times	Program Number
_____ Sept. 17, 19, 24	M,W,M	5:15-7:15 p.m.	18-9/2-41
_____ Oct. 15, 17, 22	M,W,M	5:15-7:15 p.m.	18-10/2-31
_____ Nov. 7, 12, 14	W,M,W	5:15-7:15 p.m.	18-11/2-21
_____ Dec. 10, 12, 17	M,W,M	3:15-5:15 p.m.	18-12/2-25
2019_____ Feb. 4, 6, 11	M,W,M	5:15-7:15 p.m.	19-2/2-20
_____ March 7, 12, 14	TH,T,TH	3:15-5:15 p.m.	19-3/2-20
_____ Apr. 16, 18, 23	T,TH,T	3:15-5:15 p.m.	19-4/2-25
_____ May 14, 16, 21	T,TH,T	3:15-5:15 p.m.	19-5/2-22

NAME: _____ DATE OF BIRTH: _____
First Middle Last

PARENT OR LEGAL GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ HIGH SCHOOL ATTENDING: _____

_____ _____
Student Signature Date Parent or Guardian Signature Date

_____
School Representative Signature

****We are now scheduling for Road Test. 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

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