



State of Michigan Provider Certificate Number P000598  
 Office and Classroom address:  
 14160 N. Fenton Rd, Fenton, MI 48430  
 Office Hours: Mon – Thurs, 10 am - 2 pm (810) 354-8386  
 2<sup>nd</sup> classroom: 1086 N. Irish, Davison, MI 48423  
 (No office hours)

PROGRAM # \_\_\_\_\_

DATE/TIME OF COURSE \_\_\_\_\_

LOCATION: DAVISON FENTON

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 \$350.00 payable by cash, check or \$360.00 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 \$50.00 per hour. At least \$50 non-refundable down payment is required to reserve a class. 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 \$25.00 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.


**REFUND POLICY**

The down payment is nonrefundable but can be used for a future class if AllSafe is notified at least a week before class starts. If unforeseen circumstances prevent the student from attending 0-2 classes after payment has been made, a partial refund may be granted at the discretion of the school; providing no driving time has been invested in the student. There is no refund after the 2<sup>nd</sup> 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](http://www.michigan.gov/sos). Completion of driver education does not guarantee a driver's license.

For Office Use only:  
 Birth Date verified: \_\_\_\_\_ Payment: \$350 by cash / check paid on \_\_\_\_\_  
 \$360 by credit or debit card paid on \_\_\_\_\_  
  
 AUTHORIZED SCHOOL REPRESENTATIVE (Rev. 10/2021)

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.

This is a choice. If you sign it, you allow your student to be in the driver's ed vehicle with the instructor alone. If you do not sign it, you need to be made available to get in the backseat of the vehicle when your student drives if there isn't a student already there. Many times there will be a student doing an observation while your student is driving, but we cannot guarantee it as the students are the ones that schedule themselves.

If you do not want to sign the waiver, please understand that if we cannot instruct your student in the vehicle because there isn't another person in the backseat, you will be charged a \$25 missed drive fee.

**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

*Marci James*

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 footwear 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