

# Douglas Driving Academy Registration Form

STUDENT FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Last First Middle  
CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

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

*Student must be at least 14 years and 8 months by the first day of class.*

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, an interpreter, seating arrangements, etc.)? Yes \_\_\_ No \_\_\_  
If Yes, 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 Yes, please explain: \_\_\_\_\_
3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?  
Yes \_\_\_ No \_\_\_ If Yes, please describe \_\_\_\_\_
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 Yes, please explain: \_\_\_\_\_
5. Is the student's vision corrected by glasses or contacts? Yes \_\_\_ No \_\_\_
6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes \_\_\_ No \_\_\_
7. 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 \_\_\_

**If the answer to question 5 is no, or either of questions 6 or 7 is yes, 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.**

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

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

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

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**PROGRAM #**

OFFICE USE

\_\_\_\_ BC

\_\_\_\_ PIF

Office use only

Amt. Paid: \_\_\_\_\_

Amt. Paid: \_\_\_\_\_

Pmt. Type: \_\_\_\_\_

Pmt. Type: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Balance: \_\_\_\_\_

Balance: \_\_\_\_\_

Amt. Paid: \_\_\_\_\_

Amt. Paid: \_\_\_\_\_

Pmt. Type: \_\_\_\_\_

Pmt. Type: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Balance: \_\_\_\_\_

Balance: \_\_\_\_\_

**DOUGLAS DRIVING ACADEMY**  
**7155 N. TELEGRAPH RD**  
**MONROE, MI 48162**  
**(734) 384-3448**

**SEGMENT 1 CONTRACT**

Student Name \_\_\_\_\_  
                    Last                                      First                                      Middle                                      Age                                      Date of Birth

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ High School \_\_\_\_\_

**COURSE PROVISIONS**

DOUGLAS DRIVING ACADEMY LTD will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program. 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.

**TERMS**

1. The student must be at least 14 years/8 months of age by the first scheduled day of class (verification by birth certificate required).
2. The total cost of the course is **(\$300.00)** a NON REFUNDABLE deposit of \$50 down is required to register and hold a spot in the class. It will be deducted from the total cost of course. **\$100.00 must be paid on the first day of class.** The remaining balance must be paid in full no later than the end of the 2<sup>nd</sup> week of class. Douglas Driving Academy accepts cash, check, Visa and Mastercard, and money orders. \*\* There will be a \$35 charge for all returned checks.\*\*
3. There will be a **late fee charged of \$25.00** if balance is not paid in full by the **end of the 2<sup>nd</sup> week of class,** \$5.00 every day thereafter.
4. Requirements to pass the course: student MUST complete all 24 hours of classroom instruction and 6 hours of BTW, 4 hours of observation, and pass the state test with a 70% or better. Each student that does not receive a score of 70% or better may retake the test up to two additional times, return P.P.P (Pink Parent Permit) and all monies owed must be Paid In Full.
5. There will be a \$35 charge for lost or damaged text books.
6. Douglas Driving Academy Strongly discourages the students not to be absent during their course, however, in the event that the student will be absent please contact the office as soon as possible.
7. Make-up day policy for classroom time is as follows: in the case of the students absence, the student must make up all time missed during the next scheduled segment 1 class once their class has completed.
8. Douglas Driving Academy Strongly discourages rescheduling BTW hours. However, we understand that an emergency may arise and the student may need to reschedule. The BTW policy is as follows:
  - Student may reschedule drives at no cost if rescheduled with a 24 hour notice.
  - If a student fails to cancel their scheduled drive without a 24 hour notice they are subject to a \$25.00 rescheduling fee.
  - If the student is charged a fee it must be paid in full before their next scheduled drive.

- **PLEASE NOTE:** The students drive times may be cancelled at any time with very limited amount of notice. The instructors always do their best to make each of their students scheduled drive times, however, due to unforeseen circumstances they may need to be canceled and rescheduled for a later time or date; example: car broke down, illness, family emergency.

**REFUND POLICY**

If for any reason you decide to not take or withdraw from the Segment 1 course before its completion, your contract will be held for 1 year from the date of the contract to complete the Segment 1 course. Any payments made during the first Segment 1 course will be applied to the next Segment 1 course up to one year from the first Segment 1 contract. After 1 year from the date of first Segment 1 contract, the money for that contract will be forfeited.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Douglas Driving Academy Representative

\_\_\_\_\_  
Date of Contract

Parents, it is the policy of this driving school to schedule more than one student per instructor during the behind the wheel instructions. However, unforeseen circumstances may occur in which a student is alone with the instructor during their behind the wheel instruction.

**Please sign below if permission is granted for above provision**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Guardian Signature

**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, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

**Office Use**

**Program # \_\_\_\_\_**