

Segment 2 Contract

Douglas Driving Academy

7155 N. TELEGRAPH RD.
MONROE, MI 48162
(734) 384-3448

Student Name _____
Last First Middle Age Date of Birth

Address _____ City _____ Zip _____

Parents Name _____

Home Phone _____ Cell Phone _____

COURSE PROVISIONS

1. DOUGLAS DRIVING ACADEMY LTD will provide a minimum of 6 hours of classroom instruction provided by a certified instructor. *Classroom instruction shall not exceed 2 hours per day.*

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.

For a student to participate in segment 2, 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.

TERMS

1. The total cost of the course is **\$(50.00)** which needs to be paid in full by the start of the class. DOUGLAS DRIVING ACADEMY LTD accepts **CASH** and money orders.
2. Requirements to pass the course: Each student **MUST** complete all 6 hours of classroom instruction 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.
3. Douglas Driving Academy LTD strongly discourages absences. However, in the event that the student will be absent please contact the office as soon as possible. .
4. Make-up day policy is as follows: in the case of the students absence, the student must make up all time missed during the next scheduled segment 2 class once their class has completed.

REFUND POLICY

1. If for any reason you decide to withdraw from the course, there will be no refund.

Student Signature

Parent or Guardian Signature

Douglas Driving Academy Representative

Date of Contract

PROGRAM# _____

Office use

LOG _____

PERMIT _____

PIF _____

Amt. Paid: _____

Pmt. Type: _____

Date: _____

Balance: _____