

# Northern Michigan Driving School, LLC.

246 North Estates Drive, Gaylord, MI 49735 (989) 732-2727

Office Hours: Monday-Friday 3:30pm-5:00pm

## DRIVER EDUCATION SEGMENT I

I, the undersigned, agree to pay Northern Michigan Driving School, LLC, Two Hundred Ninety-Five Dollars (\$295.00) for the described driver's education course, which includes 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. The student must be at least 14 years, 8 months old by the first day of class (verification by birth certificate required).

## 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 and the behind-the-wheel instruction, then the student will be permitted to receive his/her Michigan Driver Education Certificate of Completion. If a student does not pass either the classroom segment or the behind-the-wheel instruction, they will be eligible to attend a two-day tutoring session for \$30.00. Additional drives will cost the students \$20.00 per hour.

**Classroom Instruction:** Each student will receive a minimum of 24 hours of instruction in a classroom setting, provided by state certified instructors. Northern Michigan Driving School will use the state approved ADTSEA Driver Education 3.0 Curriculum. Classroom instruction must be a minimum of 3 weeks in length. Successful completion of the classroom portion will require a student score of at least 70% on the State Test. **Absences:** If a student does not meet the minimum 24 hour State requirement, he/she must make arrangements with the instructors to make-up missed classroom instruction.

**Behind-the-Wheel(BTW) Instruction:** I understand that the 6 hours of behind-the-wheel instruction and 4 hours of observation time will be scheduled with the instructor. 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. I understand that there will be a \$7.50 fine for each 15 minutes that I am late for my driving session, and a \$30.00 fine for each 1-hour driving session I miss. I further understand that these driving sessions may be cancelled only during class time with my instructor, or by special agreement with my instructor. Students are advised to be at their driving sessions 5 minutes prior to their start time. Northern Michigan Driving School will conduct the behind-the-wheel instruction in a dual-controlled automobile, fully insured, covering each student enrolled in the program.

**Health:** I verify that my son/daughter has 20/40 vision or better and does not have any physical or emotional condition, which would affect their ability to operate a motor vehicle safely on public streets. I understand that the use of any controlled substances is strictly prohibited.

**Method of Payment:** On the first and second day of class—cash, check or money order will be accepted. Thereafter, **only CASH or MONEY ORDER will be accepted.** (There will be a \$30.00 fee for any checks returned for insufficient funds).

**Please bring with you to the first class session:** Permission slip/contract, tuition payments, notebook and pen/pencil, and a copy of the student's birth certificate.

**Refunds:** I understand that if I do not complete the course, only 60% of the course fee is refundable up to the first week after the start of the course. Only 40% of the course fee is refundable from the first to second week of the course. Thereafter, no portion of the course fee is refundable.

**Notice:** This provider is required to be certified by Secretary of State. If you have any complaint, which you cannot settle with this school, write: Michigan Department of State, Program Operations Division, Lansing, Michigan 48918. Completion of driver training instruction does not guarantee qualification for a driver license.

Provider Certificate Number: P000606 (Program #'s: 6-A7-19)

**Classroom/BTW Location:** Gaylord St. Mary's High School

321 N. Otsego Ave.

\*use Mitchell Street entrance.

**Dates and Class times:**

**June 3,4,5,10,17,18,19,20,24,25,26,27**

\*Classes will be held 6-8PM on June 3-10th due to school schedule.

\*\* Starting June 17th, classes will be held from 9-11AM.

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ WORK PHONE(parent or guardian) \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ HOME PHONE (parent): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NMDS. REPRESENTATIVE SIGNATURE,,  
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