

TEEN DRIVER EDUCATION SEGMENT 2 CONTRACT

Office Hours: Monday – Friday 8:30 AM – 4:30 PM

Provider Number: P000060

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, please complete the Driver Education Complaint form found on the Department of State website; www.michigan.gov/teendrivers. Completion of driver education instruction does not guarantee qualification for a driver license.

Student Name: _____		
First	Middle	Last
Address: _____ City: _____ State: _____ Zip Code: _____		
Home Phone: _____		Cell Phone: _____
Email Address: _____		
Date of Birth: _____ (Verified by Birth Certificate)		Age: _____
Parent/Guardian's Name: _____		Work Phone: _____
Home Phone (parent or guardian) _____		Cell Phone: _____
Address _____ City _____ Zip _____		

Program #: _____	Payment Method: _____	Fee Paid: \$ _____	Date: _____
Classroom Location: _____			
Date(s) of Class: _____			

For the purpose of providing Segment 2 Driver Education, ABC Training and Testing will charge a fee of **\$45.00** payable prior to start of the class and is non-refundable. Tuition may be paid via cash, money order, check, Visa, or MasterCard.

We will need the following documents/information the first day of class.

- Student and Parent/Guardian need to complete and sign the enrollment forms.
- Level 1 learner's permit.
Level 1 Permit *Issue date: _____
- 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.
- Driving Log

*Issue date is the first set of numbers on the top edge of your Permit

ABC Training and Testing
7203 Sears Road
Horton, MI 49246
1-800-914-4605 or 517-563-2005
www.abctrainingandtesting.com

**TEEN DRIVER EDUCATION SEGMENT 2 CONTRACT
REQUIREMENTS FOR ADMISSION AND SUCCESSFUL COMPLETION:**

For a student to participate in Segment 2, verification must be received that student has completed 30 hours of logged driving time (including 2 hours of night time driving) 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.

Absences are not allowed. Student must attend 6 hours of classroom instruction. Classroom instruction shall not exceed 2 hours per day.

Student must attain an 80% or better average for classroom assignments. Missing and/or incomplete assignments will result in automatic failure of class. Students must participate in class discussions, activities, and complete all work on time.

Student must score 70% or better on the Secretary of State mandatory written test. Students who fail this test three times will be required to retake Segment 2.

Sleeping in class will result in automatic failure of class.

Students must maintain proper classroom behavior, with respect for instructors, school officials and school property, before, during and after class. Disruptive behavior will result in failure of class.

There will be a \$10.00 fee to replace segment certificates.

NOTICE: Completion of this course does not guarantee that student will pass the training program, Road Skills Test, or will be licensed by the Secretary of State. Applicant is under no obligation to take the Road Skills Test with ABC Training and Testing. However, ABC students choosing to test with us may be eligible for a discount.

This agreement takes precedence over any and all previous written agreements and/or oral understanding that either party may have signed or understood was to have been in place. It is expressly agreed that the host organization, training organization and instructors shall not be held liable for any injury sustained by student before, during, or after training. Student and parent agree to indemnify and hold harmless against all claims, damages, costs and expenses, including attorney's fees arising from or in connection with said training. With the knowledge and understanding of all of the above conditions, the parties to this agreement do hereby sign said agreement.

CONTRACT SIGNATURES

ABC Training and Testing Representative

Student Signature

Date

Parent Signature

Date

Please complete this section ONLY if you are paying with Visa or MasterCard.

VISA MasterCard Cardholder's name as it appears on card: _____

Account number: _____ 3 Digit Security Code: _____

Expiration: _____ Zip Code: _____ Total Amount Charged: \$ _____

Cardholder Signature: _____ Date: _____