



PRECISION DRIVING SCHOOL LLC
3945 Okemos Rd, Suite A5, Okemos, MI 48864
State of Michigan Provider Certificate P000766
Office Hours: Tuesday 1p-2p, Thursday 11a-12p; Phone Hours: 9 am to 430 pm (517) 881-0990
Email: info@precisiondrivingschoolllc.com Web: precisiondrivingschoolllc.com

TEEN REGISTRATION & SEGMENT 1 CONTRACT

Please Note: The student is not considered enrolled or guaranteed until all completed information and payment is received. Must have student's Full Name. Do not leave blank. Do not use middle initial only. We will send an email confirmation after everything is received. Please Print Clearly:

Choose Session Number (See Website Segment 1 Page) _____ **Choose Class Dates (See Website Segment 1 Page)** _____

Classroom & BTW Location: Okemos High School, 2800 Jolly Rd, Okemos, MI 48864 Program Number (Office Use Only) _____

Name of Student _____

Full Name on Birth Certificate) First Middle (No Initials, if no middle name, write None) Last

Date of Birth _____ Age _____ Student Phone: _____

Address _____ City _____ Zip _____

Name of Parent/ Guardian _____ Home/Cell Phone _____ Work _____

Address of Parent/Guardian if different from Student: **(Circle if same)** _____

Email for class confirmation **(Print Clearly)**: _____

Emergency Contact Person **(other than parent/legal guardian)** _____ Phone Number _____

TEEN SEGMENT 1 PROVISIONS

1. Precision Driving School LLC. will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time with a certified Michigan Driver Education Instructor.
2. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed.
3. Precision Driving School LLC. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.
4. The Student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate or passport is required and must be presented on the first day of class at check in.

TEEN SEGMENT 1 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$460.00 on or before the first day of class in the form of; cash, check, or money order or \$480.00 if paying by credit/debit card (See page 3 for payment information). If a check is returned for non-sufficient funds, a \$40.00 fee will be charged plus the tuition for Segment 1.
2. The Student and at least one Family Partner must attend the mandatory Parent/Guardian Meeting on first day of class. If a Parent/Guardian /Family Partner does not attend the meeting, then student will not be allowed to attend the course.
3. The parent/guardian will inform the provider or instructor if there are any accommodations required for their teen to participate in either the classroom or in the vehicle portion of Segment 1.
4. The Student may miss only 2 classes for an illness or emergency with documented proof presented to the instructor. The student is required to make up the same class session missed (e.g., The student missed day 5 and must attend day 5 of the next available segment 1 course). The classroom instructor will communicate the make-up day(s). BTW make-ups will be schedule between the btw instructor and student.
5. Driving appointment cancellations with less than 24 hours of notification, or "No Show" (10 minutes late) a Cancellation/No Show fee of \$30.00 will be charged. This fee must be paid in full to the BTW instructor before any additional driving instruction is provided.
6. A Segment 1 Certificate of Completion will not be issued until all textbook, workbook and materials are returned.
7. A fee of \$30.00 will be charged for each lost or damaged textbook, workbook, or materials. A Segment 1 Certificate of Completion will not be issued until the fee is collected.
8. Replacement fee for a Segment 1 Certificate of Completion is \$25.00.
9. If a student needs additional BTW drives to meet the objectives of the Driver Education Provider and Instructor Act (DEPIA) to pass the course, the fee is \$30.00 per each drive.
10. The student is required to follow the instructor's directive in the classroom and in the vehicle, or the student may face dismissal without refund.

REQUIREMENTS TO PASS THE COURSE

1. The student must complete all 24 hours of classroom, 6 hours of BTW, 4 hours of observing another student driving and any assigned homework. Must successfully pass the State Written Exam.
2. The Student will be allowed up to 3 attempts to pass the State Exam, which requires a score of at least 70%.
3. The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.

REFUND POLICY

If you decide to withdraw from the course before its completion, your refund will be based on the following prorated schedule:

1. Credit/debit card fees are nonrefundable.
2. Prior to first day of class, tuition minus \$50.00.
3. During the first three classes, if no behind-the-wheel lessons were received, 70% of the tuition will be refunded.
4. During the first three classes, if one hour of behind-the-wheel driving has been completed, no tuition will be refunded.
5. No refunds will be processed until all textbooks, workbooks, materials, and supplies have been returned to the instructor.

NOTICE - This 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 DES-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.



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BEHIND-THE-WHEEL WAIVER

Please Note: For the behind-the-wheel driving the students are paired up with a driving partner for their drives. If the students drive partner cancels or fails to show up to the driving appointment, then your student also would not be able to drive during their scheduled time with the instructor unless you waive this requirement. Please see the Driver Education Provider and Instructor Act (DEPIA) requirement below.

Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during the behind-the-wheel instruction unless a parent waives this requirement in writing.

I, the Parent/Legal Guardian of the Student, waive this requirement (Circle One): Yes or No **(Yes means you waive the requirement. No means you do not waive the requirement).**

I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle driven by another driver education student.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

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Precision Driving School LLC _____ Date _____

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the student require any special accommodations to participate in the classroom phase (e.g., test being read to them, 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 (e.g., adaptive devices, an interpreter, etc.)? Yes _____ No _____ If yes, please explain: _____
3. Is your student taking any medications that may affect their ability to drive a motor vehicle safely? Yes _____ No _____
If yes, please explain: _____
4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (e.g., epilepsy, asthma, diabetes, color blindness, hearing loss, etc.)? Yes _____ No _____
If yes, please explain: _____
5. Is the student's visual acuity at least 20/40 corrected? Yes _____ No _____ **If the answer is No, then the Parent/Guardian must provide a letter signed by the Student's eye care specialist ensuring the student meets State Physical (vision) standards.**
6. In the last six months, has the student had a fainting spell, blackout, seizure, loss of consciousness, or any physical or mental condition which could affect their ability to drive a motor vehicle safely? Yes _____ No _____
If yes, please explain: _____

If the answer to question 6 is Yes, the Parent/Guardian must provide a statement confirming the condition 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.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

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Precision Driving School LLC _____ Date _____

Tuition Amount Paid: (Office Use Only) _____ Form of Payment: Cash, Check, Money Order, Credit/Debit

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TEEN SEGMENT 1 TUITION PAYMENT FORM

1. Registration/Tuition Fee:
 - a. \$460.00 cash, check or money order
 - b. \$480.00 by credit/debit card
2. Submit this form for credit card payments only.
3. Do Not submit this form if paying by cash, check or money order.
4. **After all completed registration and payment is received you will receive an email confirmation for the class.**

** If paying by credit card, please complete the following information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):
Card Number:
Expiration Date (month/year):
Cardholder ZIP Code (from credit card billing address):
CVV Code (3-digit code on back of card. Amex has 4 digits):

I, _____ authorize Precision Driving School LLC to charge my credit card above for the agree agreed upon charges. I understand that this is a one-time charge.

Customer Signature: _____ Date: _____

Please note: How to send us your completed registration forms and payment.

1. Mail it to: Precision Driving School LLC, 3945 Okemos Rd, Suite A-5, 48864.
2. Or use the drop box located at our office. The address is 3945 Okemos Rd, Suite A-5, 48864.
3. Or completed registration form and payment form can be emailed. **(Must be scanned into a PDF or Word document. Do NOT SEND PHOTOCOPIES of forms. Be sure both Parent and Student signs all places).** Email address is: info@precisiondrivingschoolllc.com
4. Or you may call our office to pay with credit or with debit card at (517) 881-0990. But you must still complete the Registration Segment 1 Contract, Accommodations/Medical Accommodations and BTW Waiver forms and send them in.
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