



**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 4:30 pm (517) 881-0990**  
**Email: info@precisiondrivingschoolllc.com Web: precisiondrivingschoolllc.com**

### TEEN REGISTRATION & SEGMENT 2 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 2 Page)** \_\_\_\_\_ **Choose Class Dates (See Website Segment 2 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: \_\_\_\_\_

**Must Include Student's Level 1 Driver's License Number: (Ex D-900-000-000-000)** \_\_\_\_\_

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 2 PROVISIONS

1. Precision Driving School LLC. will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor. Classroom instruction shall not exceed 2 hours per day.
2. On the first day of class, a driving log must be presented to verify that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent/guardian or a designated licensed adult driver 21 or older.  
**A student driving log was presented. Parent or Student initials \_\_\_\_\_ Instructor initials \_\_\_\_\_**
3. The Student must have held their Level 1 License for not less than 3 continuous months. Student must present their Level 1 License on the first day of class.  
**Parent or Student initials \_\_\_\_\_ Instructor initials \_\_\_\_\_**

#### TEEN SEGMENT 2 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$75.00 on or before the first day of class in the form of; cash, credit/debit, or money order. No checks will be accepted (See page 2 for payment information).
2. 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 2.
3. The Student may miss only 1 class 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 2 and must attend day 2 of the next available segment 2 course). The classroom instructor will communicate the make-up day.
4. A Segment 2 Certificate of Completion will not be issued until all textbook, workbook and materials are returned.
5. A fee of \$30.00 will be charged for each lost or damaged textbook, workbook, or materials. A Segment 2 Certificate of Completion will not be issued until the fee is collected.
6. A fee of \$30.00 will be charged for each lost or damaged textbook or workbook.
7. Replacement fee for a Segment 2 Certificate of Completion is \$25.00.
8. The student is required to follow the instructor's directive in the classroom, or the student may face dismissal without refund.

#### REQUIREMENTS TO PASS THE COURSE

1. The student must complete all 6 hours of classroom 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%.**

#### 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 \$30.00
3. On the first day, before or after the class starts, no tuition will be refunded.

#### 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: \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

KAR

Precision Driving School LLC \_\_\_\_\_ Date \_\_\_\_\_  
 Tuition Amount Paid: (Office Use Only) \_\_\_\_\_ Form of Payment: Cash, Check, Money Order, Credit/Debit

**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](http://Michigan.gov/DriverEd). Completion of driver education instruction does not guarantee qualification for a driver license.**



**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 SEGMENT 2 TUITION PAYMENT FORM**

1. Registration/Tuition Fee:
  - a. \$75.00 cash, money order or credit/debit card
  - b. No Checks
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.**

<b>** If paying by credit card, please complete the following information</b>			
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):			
CWV 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.
5. **The student is not considered enrolled or guaranteed until all completed information and payment is received.**

**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](http://Michigan.gov/DriverEd). Completion of driver education instruction does not guarantee qualification for a driver license.**