Barry Driving School, LLC DBA: Green Light Driving Academy P.O. Box 58 101 W State St.

Office Hours: By Appointment 517-852-0000

Provider Certificate #P000727

SEGMENT 1 CONTRACT

Hastings, MI 49058

Program Number:	_Class Start Date_			
Student Name:(As reported on Birth Certificate) Last	<u> </u>	Middle (full name)	- CD: #	_
Address:	FIRST	City:	Date of BirthZip:	_
Student Phone:	(Home/0	Cell) Email:		
Parent/Guardian Name:	Pa	rent/Guardian Pho	ne:	_
Parent/Guardian Address:		City:	Zip:	
Emergency Contact (other than pare	ent)			
Classroom location: 101 W. State S	Name/phone num t., Hastings, MI 490			
	Course I	Provisions		
<ul> <li>Green Light Driving Academy will pr instruction and 4 hours of observation</li> </ul>	ovide a minimum of 24 hon time with a certified N	nours of classroom instr Michigan Driver Educatio	uction, 6 hours of behind-the n Instructor.	e-wheel (BTW)
<ul> <li>Classroom instruction must be a min begin until the student has received after the classroom instruction has be</li> </ul>	a minimum of 4 hours o			
<ul> <li>The Student must be at least 14-year required.</li> </ul>	rs and 8-months of age b	by the first day of a Segn	nent 1 course. Verification by	/ birth certificates is
<ul> <li>Green Light Driving Academy will co cover each student enrolled in the presented.</li> </ul>		on in a dual-controlled a	utomobile that is insured by	the Provider to
All Dates for the course:Classroom times:				

## **Course Terms**

- The Parent or Legal Guardian agrees to pay the total amount of \$385, by the first day of class in the form of credit card, check, cash, or money order
- A textbook will be provided for your use. If the book is not returned, a \$25 fee will be issued
- Students must be on time for all classroom sessions and driving appointments. Tardiness or failure to show up will not be tolerated and may result in a dismissal from class. The Student may miss class only for an illness or emergency with documented proof presented to the instructor. Any missed class time must be made up. 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.)\*
- Students must obtain a score of 70 percent or better for classroom assignments and tests Missing and/or incomplete assignments may result in automatic failure of class. Students will not be able to take the State exam unless all classroom work is completed. Students must participate in class discussions, activities, and complete all work on time.
- The Student will be allowed up to 2 retakes; a total of three attempts but not required, to pass the State Exam, which requires a score of at least 70%. If the student does not pass, they will have to take Segment 1 over again. Students needing to retake the class will be required to pay the full fee.
- Cell phone use is prohibited while in the class or in the car.
- Missed driving appointments without prior (24 hour) notification will result in a \$25 rescheduling fee. Emergency situations will be determined on an individual basis.
- Should additional drives be required a \$25 per hour fee may be assessed.

## REFUND POLICY

- Should you decide for any reason to withdraw from the program within 24 hours or the first 2 days of classroom instruction, your fee, less \$50 will be fully refunded. If you withdraw after the first 2 days, no refund will be given. NO REFUNDS WILL BE ISSUED UNTIL ALL SUPPLIES ARE RETURNED TO THE INSTRUCTOR.
- Should you decide to withdraw from the program with more than 24 hours' notice, your fee, less \$25 will be fully refunded.
- To request a program change without penalty, a 2-week notice must be given otherwise a \$25 transfer fee will be issued.
- Emergency situations will be determined on an individual basis by Green Light Driving academy.

		Health Screening		
1.	Does the student require any special accoretc.)? Yes No	nmodations to participate in this cla	ss (i.e., test being read to him/her, interprete	₽r,
	a. If Yes, please explain			
2.	Does the Student require any special accordetc.)? Yes No	nmodations to participate in the BT	N phase (e.g., adaptive devices, interpreter	,
	a. If Yes, please explain:		<del></del>	
3.	Are there any medical conditions that would (adaptive devices, interpreter, epilepsy, col	or blind, allergies, autism, etc.)? Ye	s No	
4.	a. If Yes, please explain Is the Student taking any medication that m	ay affect their ability to drive a moto	or vehicle safely? Yes No	
_	a. If Yes, please explain: In the past six months, has the student had	a fainting and blackers a signer		
5.	Yes No	a rainting spell, blackout, seizure, c	or other uncontrolled loss of consciousness?	
6.	In the last six months has the Student had vehicle? Yes No		would affect their ability to drive a motor	
7.	Is the student's vision at least 20/40 with or	without correction? Yes No_		
indicat	nswer to any of the above questions is Ye ing that the condition has been corrected ments for a motor vehicle operator's licer	and/or is under control and the S	tudent meets the physical and mental	ui
		Vision Screening Test		
I,	have been administered a	vision screening test on	_ by	
	udent signature	Date administered	Instructor name	
	eived a visual acuity score of at least 20/40 of			
	e undersigned, have read and understand and tion is true and accurate to the best of our kn		e also certify that the health screening	
IIIIOIIIIa	tion is true and accurate to the best of our ki	owieage.		
signed not be l harmle:	reement takes precedence over any and all por understood was to have been in place. It is neld liable for any injury sustained by student as against all claims, damages, costs and expeknowledge and understanding of all the about	s expressly agreed that the Green L s before, during, or after training. Si penses including attorney's fees aris	ight Driving Academy and its instructors sha udent and parent agree to indemnify and ho sing from or in connection with said training.	all old
Studen	t Signature Date	Parent or Guardian Signature	Date	
Provide	er's Authorized Official's Signature	Date		
with th	E - This provider is required to be certifient is provider, please complete theDES-P011 etion of a driver education course <u>does no</u>	Statement of Complaint form for	ınd at: www.michigan.gov/drivered .	∍d
	33 (d) of the Driver Education Provider and		wo students must be in a vehicle during BT\	Ν
	ion unless a parent waives this requirement i arent/Legal Guardian of the Student waive th		son/daughter must still complete at least 4	
	f observation time as a passenger in a driver			
Date: _	Student Signature:			
Date: _	Patent/Legal Guardian Sign	ature:		

Date: \_\_\_\_\_ Provider's Authorized Official's Signature: \_\_\_\_\_