

# ABC Training and Testing

7203 Sears Road  
Horton, MI 49246  
1-800-914-4605 or 517-563-2005  
[www.abctrainingandtesting.com](http://www.abctrainingandtesting.com)

## TEEN DRIVER EDUCATION SEGMENT 1 CONTRACT

Office Hours: Monday – Friday 8:30 AM – 5:00 PM

Provider Certificate Number: TS001615

**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, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. 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: _____                   |
| <i>Student must be at least 14 years and 8 months by the first day of class.</i> |                   |                              |
| Parent/Guardian's Name: _____  | Work Phone: _____ |                              |
| Home Phone (parent or guardian) _____  | Cell Phone: _____ |                              |
| Address _____  | City _____        | Zip _____                    |

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

For the purpose of providing Segment 1 Driver Education, ABC Training and Testing will charge a fee of **\$330.00**. All fees are non-refundable. Tuition may be paid via cash, money order, check, Visa, or MasterCard.

ABC Training and Testing will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time in a dual brake controlled automobile, fully insured. Classroom instruction must be a minimum of 3 weeks in length. 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.

**We will need the following documents the first day of class.**

- Photocopy of student's birth certificate that we may retain for our records.
- Student and Parent/Guardian need to complete and sign the registration form and contract.
- Parent/Guardian and student should plan on attending the first class of Segment I.

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**TEEN DRIVER EDUCATION SEGMENT 1 CONTRACT**

1. Does the student require any special accommodations to participate in the classroom phase (i.e. test being read to him/her, seating arrangements, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

2. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please describe \_\_\_\_\_

3. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

4. Is the student's visual acuity at least 20/40 corrected? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Last Eye Exam: \_\_\_\_\_

5. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes \_\_\_\_\_ No \_\_\_\_\_

6. In the last six months, has the student had a physical or mental condition that affected his/her ability to drive a motor vehicle safely? Yes \_\_\_\_\_ No \_\_\_\_\_

**If the answer to either of questions 5-6 is yes, then the parent/guardian must provide a letter signed by the student's physician indicating that the condition has been corrected and/or is under control, and the student meets the physical and the mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.**

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
PARENT SIGNATURE      DATE

\_\_\_\_\_  
STUDENT SIGNATURE

**TEEN DRIVER EDUCATION SEGMENT 1 CONTRACT  
REQUIREMENTS FOR ADMISSION AND SUCCESSFUL COMPLETION:**

Student must be at least 14 years/ 8 months of age by the first scheduled day of class (verification by birth certificate required).

Student must meet the physical and the mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309 or provide a letter signed by the student's physician indicating that the condition has been corrected and/or is under control.

Students must attend 24 hours of classroom instruction. If student misses a session he/she must retake the missed session number at the next available segment 1 course offered. Students may not make up more than 4 hours of classroom time. Absences must be made up within three (3) weeks after class completion date.

Student must attend and pass 24 hours of classroom instruction, 6 hours of behind-the-wheel instruction and 6-12 hours of in car observation time.

Student 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 dismissal from class. There will be a \$20.00 per hour additional fee for missed driving appointments.

Student 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. Sleeping during class or in car observation time will result in failure of class.

Student must score 80% or better on the Secretary of State mandatory written test. Students, who fail this test twice, will be required to retake the classroom portion of Segment 1.

Student must attain an 80% or better average for classroom assignments and test. 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.

Return student manual and other school property in condition you received it. Damaged or lost manual will result in a \$20.00 replacement fee.

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

No textbook will be issued until your completed and signed contract and enrollment forms are in the office and payment is made in full.

No driving appointments will be scheduled until your completed and signed contract and enrollment forms are in the office and payment is made in full.

**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, 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

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

**BEHIND-THE-WHEEL INSTRUCTION AGREEMENT**  
*Parent/Guardian must sign the following agreement.*

Ideally, we schedule students to drive in groups of two or three. However, student schedules will sometimes conflict because of extra curricular activities, school or family obligations, transportation, illness, etc., making it difficult to schedule two or three students at the same time. Also, one or more students may cancel on short notice or not show up. Therefore, it would assist us if you would grant us the flexibility to give one-on-one behind-the-wheel instruction to your son or daughter as needed.

**PARENT AGREEMENT FOR ON-THE-ROAD INSTRUCTION**

I (authorize) / (do not authorize\*)  
**(YOU MUST CIRCLE ONE)**

**ABC Training and Testing to allow a certified instructor employed by ABC to offer my son/daughter on-the-road instruction without another passenger in the vehicle.**

\_\_\_\_\_  
Student Name (PLEASE PRINT)

\_\_\_\_\_  
Parent or Guardian Signature    Date

\_\_\_\_\_  
ABC Training and Testing Representative

*\*Parents or Guardians declining individualized instruction are responsible for providing transportation from the training location in the event that your son/daughter's driving partner(s) cancels or fails to show up for a scheduled driving appointment. Students are responsible for rescheduling said driving appointment with their instructor.*

**PARENT DRIVING PERMIT AUTHORIZATION**

After 10 hours of classroom and 2 hours of BTW instruction, students may be issued a pink learners permit. This permit allows a student to operate a motor vehicle on public roads while under the supervision of parent or legal guardian. The purpose of this permit is to provide an opportunity for reinforcement of the instruction already received. This permit expires after completion of the student's Segment 1 driver education program.

I authorize the issuance of the pink permit to my student: \_\_\_\_\_  
Student Name (PLEASE PRINT)

Parent signature: \_\_\_\_\_

**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: \_\_\_\_\_ Relationship: \_\_\_\_\_

Expiration: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3 digit security code \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **DRIVING SCHEDULING SHEET**

Students name: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Parent Cell phone#: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ SCHOOL DISMISSAL TIME: \_\_\_\_\_

DAYS & TIMES STUDENT **CAN NOT** DRIVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I WOULD LIKE MY DRIVING PARTNER TO BE:

\_\_\_\_\_