

ABC TRAINING AND TESTING

7203 Sears Road Horton, MI 49246 (517)-563-2005

State Certification # P000060 • Office Hours: Monday – Friday, 8:30 a.m. – 4:30 p.m.
Program Number #: **TEEN SEGMENT 1 CONTRACT** Classroom Location:

Student: (first) _____ (middle) _____ (last) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ Birthdate: _____

Parent/Legal Guardian's Name: _____ Parent's/Legal Guardian's Phone #: _____

Parent/Legal Guardian's Address: _____ City: _____ Zip: _____

Cell Phone #: _____ Email Address: _____

Dates of Class: _____ Time: _____

TEEN SEGMENT 1 PROVISIONS

1. 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 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. ABC Training and Testing 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 is required.

TEEN SEGMENT 1 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$345 on or before the first day of class in the form of cash, check, or credit card.
2. The Student may miss class only for an illness or emergency with documented proof presented to the instructor. The student is required to make up the missed class session
3. A fee of \$20.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation.
4. A fee of \$20.00 will be charged for each lost or damaged textbook or workbook.
5. A fee of \$10.00 will be charged for each request for a replacement of a Segment One Completion Certificate.

REQUIREMENTS TO PASS THE COURSE

1. The Student must complete all homework and receive an overall grade of 75% on daily quizzes/test.
2. The Student will be allowed up to three 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

1. **ALL** fees are non-refundable

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

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BTW WAIVER

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

I, the Parent/Legal Guardian of the Student, waive this 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 being driven by another driver education student.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ ABC Training and Testing _____ *Janet K. Gamet* _____ Owner/President
Provider Name Signature of Provider Owner Title

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes ☐ No ☐ If Yes, please explain: _____
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes ☐ No ☐ If Yes, please explain: _____
3. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes ☐ No ☐ If Yes, please explain: _____
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes ☐ No ☐ If Yes, please explain: _____
5. Is the Student's visual acuity at least 20/40 corrected? Yes ☐ No ☐
6. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes ☐ No ☐
7. In the last six months, has the Student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? Yes ☐ No ☐

If the answer to any of questions 5 – 7 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 mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ ABC Training and Testing _____ By: *Janet K. Gamet* _____ Owner/President
Provider Name Signature of Provider Owner Title

VISION SCREENING TEST		FOR OFFICE USE ONLY	
I, _____ (STUDENT NAME)	have been administered a vision screening test on _____ (DATE)		
by _____ (INSTRUCTOR NAME)	and received a visual acuity score of at least 20/40 corrected. (STUDENT INITIALS)		
Payment amount:	Date(s):	Type:	

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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: _____

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:

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: _____