

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 2 CONTRACT** Classroom Location:

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ Birthdate: _____

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

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

Email Address: _____ Cell Phone #: _____

Dates of Class: _____ Time: _____

TEEN SEGMENT 2 PROVISIONS

1. ABC Training and Testing 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. 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 log was presented to the Segment 2 instructor on or before the first classroom session.
Parent or Student initials _____ Seg. 2 Instructor initials _____
3. The Student must have held a Level 1 License for not less than 3 continuous months. **Issue Date: _____
Parent or Student initials _____ Seg. 2 Instructor initials _____

TEEN SEGMENT 2 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$55 on or before the first day of class in the form of; cash, check or credit card. 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 same class session missed
2. A fee of \$10.00 will be charged for each request for a replacement of a Segment Two Completion Certificate.

REQUIREMENTS TO PASS THE COURSE

1. The Student must complete all homework and receive an overall grade of 80% 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%.

REFUND POLICY

1. ALL fees are nonrefundable

Driver's License #: _____

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: _____

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

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

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.