Student: (first) (middle) (last)

Address: City: Zip:

Driver License Number: Issue Date: 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:

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| **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.** |
| 1. **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** |
| 1. **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 $60 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

**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 Owner/President Provider Name Signature of Provider Owner Title