Student: (last) (first) (middle)

Home Phone: Age: D.O.B.:

Parent/Legal Guardian’s Name: Parent/Legal Guardian’s Phone #:

Parent/Legal Guardian’s Address: City: Zip:

Emergency Contact: Phone #:

**PAYMENT WAS RECEIVED ON Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash, Credit Card, or Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEEN SEGMENT 2 PROVISIONS**

1. **National Driving School, LLC. 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. 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.\*
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 same class session missed (e.g., The student missed day 2 and must attend day 2 of the next available segment 2 course.).
3. **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 will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70%

**REFUND POLICY**

1. After the beginning of the first class session, NO REFUND shall be given

**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: National Driving School, LLC. By: Owner **(EXAMPLE – (DO NOT TYPE IN CONTRACT),** Provider Name Signature of Provider Owner Title)