

Bestway Driving School LLC

· 6700 Cranville Dr. · Clarkston · MI · 48348 · Phone: 248-934-6970 · Fax: 248-795-2175 · State Certificate# P000726

· Office Hours: Monday – Friday 8am – 8pm & Saturday 8am – 4pm

· Classroom Location: Clarkston United Methodist Church · 6600 Waldon Rd. · Clarkston · MI · 48348

· Program# _____ · **Teen Segment 1 Contract**

Student Name (as recorded on birth certificate): Last _____ First _____ Middle _____

Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Date of Birth (mm/dd/yyyy): _____ / _____ / _____

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

Parent/Guardian's Address (if different): _____ City: _____ Zip: _____

Emergency Contact (Excludes parent/guardian) Full Name: _____ Phone: _____

TEEN 1 PROVISIONS

- Bestway Driving School, LLC 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.
- 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.
- 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. Verified by Instructor _____
- Bestway Driving School, LLC will conduct the BTW instruction in a dual-controlled automobile this is insured by the Provider to cover each student enrolled in the program.
- Verify which Classroom Option you would like to enroll in (Options are available on flyer and website).
- I select Option #: _____

TERMS

- The Parent or Legal Guardian agrees to pay the total amount of \$439, by first day of classroom instruction in the form of; cash, check or money order, if not paid in advanced these are due by 1st day of class.
- There will be no make-up policy, Students must attend all classroom and BTW instruction.
- If an emergency absence is unavoidable students will make up the missed class session during the next class for material missed
- BTW instruction is scheduled in advanced, if there is an emergency absence a 24-hour notice must be give or they will be considered as a NO SHOW, if student is considered a NO SHOW a fee of \$30 will be charge per NO SHOW

REQUIREMENTS TO PASS THE COURSE

- Passing score of 70% for any homework assignment, State Exam, Tests or Quizzes.
- The Student will be allowed up to two retakes; a total of three attempts but not required to pass the State Exam, which requires a score of at least 70%.
- 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

- A full refund will be given ONLY if the Student is withdrawn prior to the first day of classroom instruction.

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 DES-P011 Statement of Complaint form found at: Michigan.gov/DriverEd . Completion of a driver education course does not guarantee qualification for a driver license.

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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 Verified By _____
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 the 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.

Student Signature: _____ **Date Signed:** _____

Parent/Legal Guardian's Signature: _____ **Date Signed:** _____

Provider's Authorized Official's Signature: _____ **Date Signed:** _____

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