

L & L Driving School, Inc.

P.O. Box 275 Schoolcraft, MI 49087
269-496-9020, 269-496-9091 fax

Business Hours: Tues, Wed, & Thurs 6-8 p.m.
Provider Certification Number: P000138

Segment I Registration/Contract Form

This contract is entered into by and between

L & L Driving School and student (name as it appears on birth certificate)

All fields are required for registration. Please **DO NOT** send in this form without completely filling in all of the information

Note: The student must be 14 years and 8 months of age by the first day of class (verification by birth certificate required.)

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Birthdate: _____ Age: _____

Parent(s)/Guardian(s) Name(s): _____ Cell Phone (Parent or Guardian): _____

Address (if different): _____ City: _____ Zip: _____

Class Location (circle one): Centreville, Colon, Constantine, Marcellus, Mendon, Schoolcraft or Three Rivers

Date of Class: _____

Program No.: _____

(L&L Office use ONLY)

L & L Driving School shall provide a total of 30 hours of instruction. **Early registration is \$300.00. This requires payment in full and registration to be postmarked on or before one week prior to the first day of class. Late registration is \$340.00.** Instruction shall include 6 hours of behind-the-wheel (2 hours of range and 4 hours of on the road driving) by the student and 24 hours of classroom instruction completed in the hours set by the school, and 4 hours of observation time in a dual controlled automobile. BTW shall not begin until the student has received a minimum of 4 hours of classroom instruction. BTW instruction must be completed no later than 3 weeks after the classroom instruction has been completed. The school shall supply all required written material. No instruction shall commence until the student has paid all fees in full. **A copy of the student's birth certificate must be included with this registration form.**

The driving record of each individual instructor is available for review upon request.

Refund Policy: A full refund will be given prior to 24 hours before the start of the first day of class. Example: Class begins on Monday at 4 p.m. The student must cancel before Sunday at 4 p.m. in order to receive a full refund. No refund will be given after the 24-hour period.

Parent Permission for Driver Education Instruction: I hereby give consent for my son/daughter, as stated above, to take a complete course of Driver's Education, which includes the thirty hours of instruction, listed in this contract. This course is conducted by a certified instructor.

Today's Date: _____ Parent Signature: _____

Notice: This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with this provider, write: Michigan Department of State, Driver Programs Division, Lansing, Michigan 48918. Completion of driver education instruction **does not** guarantee qualification for a driver license.

School Vehicles: L&L Driving School will conduct the behind-the-wheel instruction in a dual controlled automobile, fully insured, covering each student enrolled in the program.

Additional Information Required:

- Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, an interpreter, seating arrangements, etc.)? Yes ___ No ___
If Yes, please explain: _____
- Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, etc.)? Yes ___ No ___
If Yes, please explain: _____
- Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes ___ No ___ If Yes, please describe _____
- Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss)?
Yes ___ No ___ If Yes, please explain: _____
- 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 affects his/her ability to drive a motor vehicle safely?
 Yes ___ No ___

If the answer to question 5 is no, or either of questions 6 or 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.

Emergency Contact _____ Phone _____

BEHIND-THE-WHEEL INSTRUCTION AGREEMENT. Provider and customer must sign one of the following agreements.

1) On-the-road student instruction agreement. This agreement provides that L&L Driving School shall have not less than two (2) students in the vehicle used by the student or customer during behind-the-wheel instruction.	
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Provider	
2) Parent waiver agreement for individualized on-the-road instruction. By signing below, I, _____, authorize L & L Driving School to allow a certified instructor employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle.	
_____ Printed Name of Parent/Guardian	
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Provider	

Additional Information:

Class Location: Check the bottom of this contract or our website at www.lndrivingschool.com for a complete listing of locations and times.

Concession Agreement: L & L Driving School has contracted with the providing School District to offer Driver Education Classes to students of the school district.

Payment Method: L & L Driving School will accept cash, checks, major credit cards or money orders as payment for Segment I or Segment II classes. All contracts and the tuition in full must be received by an L & L Driving School Representative one-week prior to the start of each session. If you choose to mail your application and payment, please make sure it is post marked at least 10 days prior to the start of the first class. All sessions have a capacity of 36 students per class. All classes are filled on a first come, first serve basis. Please make your reservations early! L & L Driving School will confirm your enrollment in the class.

Class Attendance: Every student must have 24 hours of classroom instruction. If for some reason you cannot attend a class, please notify Andrea Luegge by calling at 269-496-9020. We will offer one make-up class per Segment I session. If a student misses and has to make up more than one class period, they will be charged \$25 per class make-up fee.

Book Damage Fees: There will be a \$25 fee for any books that are damaged while in the possession of the student.

Passing Segment I: At the conclusion of Segment I, the student is required to take the State Test and pass with a score of 70%. Homework and quizzes will be given and graded.

Behind-the-Wheel Instruction: Instruction shall include 6 hours of behind-the-wheel (2 hours of range and 4 hours of on the road driving) by the student. Students are to report to the location given by their instructor for all behind-the-wheel instruction. If a student misses a BTW lesson, the student may be assessed a fee of \$25 per hour.

Minimum Class Participation: L & L Driving School reserves the right to cancel any program due to lack of participation of 12 students or less.

Payment Plan: Payment plans are set up on an individual basis. Any fees incurred due to collections are the responsibility of the Parent/Guardian. If you are interested in a payment plan, please contact L & L Driving School at 269-496-9020.

Contract Signatures

I hereby understand all of the information outlined within this contract.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

School Representative: _____ **Title:** _____ **Date:** _____

Locations:

Centreville High School 190 Hogan Street Centreville, MI 49032	Marcellus High School 3030 W. Arbor Street Marcellus, MI 49067
Colon High School 400 Dallas Street Colon, MI 49040	Mendon High School 148 Kirby Road Mendon, MI 49072
Constantine High School 1 Falcon Drive Constantine, MI 49042	Schoolcraft High School 551 E. Lyons Schoolcraft, MI 49087
Immaculate Conception School 601 S. Douglas Avenue Three Rivers, MI 49093	