

E-Z WAY DRIVER TRAINING, INC.

Greater Kalamazoo Area
Toll Free: 1-800-354-0111
FAX 269-492-7407

5060 Lovers Lane Portage, MI 49002
Office Hours: 9 am – 4 pm (M-F)
"YOUR TRUSTED PARTNER IN DRIVER TRAINING FOR OVER 40 YEARS"

www.ezwaydriver.com
ezway@ezwaydriver.com
Dept. of State Certificate # P000134

BEHIND THE WHEEL CONTRACT for TEENS WITH A MICHIGAN LEVEL 1, LEVEL 2, OR LEVEL 3 LICENSE

Full Name _____ Birth Date _____
(FIRST) (MIDDLE) (LAST)

Address _____
(STREET) (CITY) (STATE) (ZIP)

Cell Phone # (_____) _____ Email: _____

Emergency Contact Person _____ Phone Number _____

LEVEL 1 LICENSE INFORMATION

Level 1 License Number _____ Level 1 License Issue Date _____

BEHIND-THE-WHEEL (BTW) INSTRUCTION AGREEMENT

Parent must be in a vehicle during BTW instruction unless the parent waives this requirement in writing.

(Optional) I, the parent/legal guardian of the student waive this requirement.

(Required) Parent/Legal Guardian Signature: _____ Date: _____

(Required) Provider's Authorized Official's Signature: _____ Date: _____

ACCOMMODATIONS / MEDICAL CONDITIONS

REQUIRED INFORMATION - STATE OF MICHIGAN VEHICLE CODE MEDICAL/MENTAL QUESTIONS

If the answer to Questions 5 or 6 is "Yes", or the answer to question 7 is "No", 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.

1. In case of an emergency, which hospital do you prefer? _____
2. 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: _____
3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes ___ No ___ If "Yes," please describe _____
4. 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: _____
5. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?
Yes ___ No ___ If "Yes" physician's letter REQUIRED.
6. In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely?
Yes ___ No ___ If "Yes" physician's letter REQUIRED.
7. Is the student's visual acuity at least 20/40 or corrected (by glasses, contact lenses, etc.) to at least 20/40?
Yes ___ No ___ If "No" physician's letter REQUIRED.

LESSON PROVISIONS

E-Z WAY DRIVER TRAINING, INC. will provide Behind the Wheel (BTW) instruction in a dual controlled automobile that is fully insured by the Provider to cover each Student enrolled in the program. (Coverage includes the Student and the Instructor). Number of lessons and type of instruction taught will depend on many factors and current level of the student's ability. The school will provide the certified instructor, vehicle, and fuel for the driving instruction. No instruction shall commence until the Student and Parent have first signed this agreement, paid necessary fees, shown the instructor a legal Level 1 License, and Parent has signed the Waiver.

TERMS

1. The total cost of each one-hour lesson will be **\$75.00** and is to be paid prior to beginning the lesson by either, cash, check, money order or credit card.
2. A student manual (textbook) can be issued to the student for home self-study with a deposit of **\$30.00**. Upon return of the student manual, the \$30.00 deposit will be returned to the student. If Textbook is lost or destroyed, the \$30.00 deposit will not be refunded.
3. If student misses a scheduled BTW drive appointment, where the instructor is on site waiting, a fee of **\$30.00** will be charged for a make-up BTW drive appointment at a later date.
4. If a student fails to have a current Level 1 License at their scheduled drive, where the instructor is on site waiting, a fee of **\$30.00** will be charged for a make-up BTW drive appointment at a later date.

REFUND / CANCELLATION POLICY

1. A refund (minus a \$20.00 Administration Fee) will be issued based on the following: No BTW lesson was provided.
2. All pre-paid lessons must be completed within 6 months of payment. After 6 months, no lessons will be scheduled, and no refunds given.

NOTICE: This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with the Provider, please complete the DES-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of additional driving instruction does not guarantee qualification for a driver license.

IN SIGNING THIS CONTRACT, I DO HEREIN AFFIRM THAT I UNDERSTAND, AND I AGREE WITH THE LESSON PROVISIONS, TERMS, REFUND / CANCELLATION POLICY, AND CONDITIONS DESCRIBED.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Provider Signature: _____ - President, E-Z Way Driver Training, Inc. Date: _____