

# DRIVER EDUCATION THE E-Z WAY, INC.

Greater Jackson Area  
Phone: 517-788-6855  
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1901 Loomis Road Jackson, MI 49201  
Office Hours: 9 am – 4 pm (M-F)  
"YOUR TRUSTED PARTNER IN DRIVER TRAINING FOR OVER 40 YEARS"

www.ezwaydriver.com  
ezway@ezwayjackson.com  
Dept. of State Certificate # P000232

## TEEN SEGMENT 2 CONTRACT

Program # _____	Program Completion Date _____	(10 Days after last classroom date)
Class Location: _____		Address: _____
Class Times: _____		Class Meeting Dates: _____
Birth Date ____/____/____		Level 1 License Number # _____

PARENTS ("P") AND TEEN STUDENTS ("S") – Please check the boxes following each section of the contract indicating that you have read and understand the required information.

### STUDENT NAME: FULL LEGAL NAME REQUIRED. MUST MATCH NAME ON LEVEL 1 LICENSE.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

### PARENT / LEGAL GUARDIAN NAME:

Cell Phone of Parent / Guardian \_\_\_\_\_ Work Phone of Parent / Guardian \_\_\_\_\_

Parent's Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

### EMERGENCY CONTACT NAME:

Phone: \_\_\_\_\_

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### COURSE PROVISIONS

E-Z WAY DRIVER TRAINING, INC. will provide a minimum of 6 hours of State of Michigan approved classroom instruction with a certified Michigan Driver Education Instructor. (Maximum 2 hrs. classroom instruction per day) The State of Michigan written exam will be administered. The student will be allowed up to 3 attempts (but not required) to pass the State Exam, which requires a score of 70% correct.

If all requirements are met on or before the Program Completion Date, a Certificate of Completion will be issued. If requirements are not met, a Failure or Incomplete will be recorded with the State of Michigan.

State of Michigan requirements for a student to participate in Segment 2:

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 INITIALS \_\_\_\_\_ SEGMENT 2 INSTRUCTOR INITIALS \_\_\_\_\_

2. The student must have held a valid Level 1 License for **NOT LESS THAN 3 CONTINUOUS MONTHS.**

**PARENT HAS VERIFIED AND INSTRUCTOR HAS CHECKED LEVEL 1 LICENSE DATE.**

PARENT INITIALS \_\_\_\_\_ SEGMENT 2 INSTRUCTOR INITIALS \_\_\_\_\_

### ACCOMMODATIONS / MEDICAL CONDITIONS

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: \_\_\_\_\_

### TERMS

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1. The parent or guardian agrees to pay the total amount of **\$ 65.00**, which must be paid in full by the first day of class. Payment method can be; cash, check, money order, or credit card. The cost of all materials and supplies for the class is included in this fee.
2. Attendance of all 6 hours is required and student must be able to answer at least 2 reading assignment questions. Students are required to bring their HTD Workbook from Segment 1 for use during this class. (HTD = How To Drive)
3. The Student will be allowed up to 2 retakes to pass the State Exam, which requires a passing score of at least **70%**.
4. In case of a student's absence or emergency the school's policy is: No absences allowed. Make-up of all missed classes/assignments is required. The make-up day policy is as follows: Students must attend class time at any location/class offered **before** the Program Completion Deadline date. This must be scheduled through the office staff, to ensure that all required classroom material/information that was missed, is available at the make-up class location.

### ADDITIONAL FEES that may apply are:

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1. Duplicate S.O.M. Segment 2 Certificate of Completion will cost **\$15.00** (48-hour lead time is requested)
2. If student no longer has the HTD Workbook available, a replacement workbook is available at the cost of \$5.00 each.
3. A \$30.00 service fee will be charged for all returned checks (NSF)

All fees must be paid in full by the Program Completion Date. If unpaid, student requirements will be recorded as Incomplete with the S.O.M., and a Certificate of Completion will not be issued.

### REFUND POLICY

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Refund checks will be issued and mailed to the Parent/Guardian who signed the contract. Please allow 14-21 days for the refund. If for any reason you decide to withdraw from the course before its completion, a **\$20.00** administration fee will be subtracted from the amount agreed on, in #1 under TERMS above.

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, please complete the DES-P11 Statement of Complaint form found at: [Michigan.gov/DriverEd](http://Michigan.gov/DriverEd). Completion of driver education instruction does **not** guarantee qualification for a driver license.

I HEREBY GIVE CONSENT AND I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL HAS DRIVEN AND LOGGED 30 HOURS OF DRIVE TIME WITH 2 OF THOSE HOURS BEING AT NIGHT, WITH A PARENT/GUARDIAN AND IT HAS BEEN 3 MONTHS SINCE THE ISSUE DATE OF HIS/HER MICHIGAN GRADUATED LEVEL I LICENSE. BY SIGNING AND DATING THIS CONTRACT, I AM STATING THAT I HAVE READ THE SEGMENT II CONTRACT AND AGREE WITH THE COURSE PROVISIONS, TERMS, AND FEES ASSOCIATED WITH THIS DRIVER TRAINING COURSE.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_