

# E-Z WAY DRIVER TRAINING, INC.

Greater Kalamazoo Area  
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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

## TEEN SEGMENT 1 CONTRACT

Program # \_\_\_\_\_ Program Completion Date \_\_\_\_\_ (3 weeks after last classroom date)

Classroom Meeting Dates: \_\_\_\_\_

Classroom Location: \_\_\_\_\_ Address: \_\_\_\_\_ Classroom Times: \_\_\_\_\_

Range Location: \_\_\_\_\_ Address: \_\_\_\_\_ Range Dates: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Verified with: \_\_\_\_\_ Date seen: \_\_\_\_\_ Seen By: \_\_\_\_\_

Note: Student must be at least 14 years and 8 months by the first day of class. Birth date is verified with a BIRTH CERTIFICATE, PASSPORT, or MICHIGAN ID 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 BIRTH CERTIFICATE OR LEGAL DOCUMENT:

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

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

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

### PARENT/ LEGAL GUARDIAN NAME: Name

Parent's Cell Phone \_\_\_\_\_ Work/Home Phone \_\_\_\_\_

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

Email Address: \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ Phone: \_\_\_\_\_  S

### BEHIND-THE-WHEEL (BTW) INSTRUCTION AGREEMENT

BTW WAIVER Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing.

Required: Date: \_\_\_\_\_ Provider's Authorized Official's Signature: \_\_\_\_\_

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

Optional:  I, THE PARENT/LEGAL GUARDIAN OF THE STUDENT, WAIVE THIS REQUIREMENT. I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.

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

Waiver Note: If the above Box is NOT checked and signed, the student MUST have a driving partner present for the Behind-the Wheel drives.

### 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.

- 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: \_\_\_\_\_
- 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.
- 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.
- 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.  S

#### OPTIONAL ACCOMMODATION REQUEST (If required)

As a person with a disability, \_\_\_\_\_ is requesting accommodation according to the Americans with Disabilities Act. The accommodations are to assist the above student with participation in driver training. The requested accommodations are: \_\_\_\_\_

(Parents: It may be helpful to contact your child's physician or special education teacher to help determine if driver training is appropriate at this time for your student, and if so, appropriate accommodations for the driver training experience.)

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## COURSE PROVISIONS

**E-Z WAY DRIVER TRAINING, INC.** will provide a minimum of 24 hours of classroom instruction (max. of 2 hrs. per day), 6 hours of Behind-The-Wheel (BTW) instruction (max. 1 hr. per day) and 4 hours of observation time with a certified Michigan Driver Education Instructor, in a dual controlled automobile that is insured by the Provider to cover each student enrolled in the program. 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. BTW instruction and classroom hours must be completed no later than 3 weeks after the classroom instruction has been completed. Up to 2 hours of range driving may be included as part of the 6 hours of BTW driving. The State of Michigan written exam will be administered during the classroom instruction time. 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.

**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-P11 Statement of Complaint form found on the Department of State website; [Michigan.gov/DriverEd](http://Michigan.gov/DriverEd). Completion of driver education instruction does not guarantee qualification for a driver license.



## COURSE TERMS

- The student must be at least 14 years/8 months of age by the first scheduled day of class (verification by State issued Birth Certificate, Passport, or Michigan ID required).
- The parent or guardian agrees to pay the amount of **\$420.00** (as of 8-1-2023) at time of enrollment. Accepted payment methods: cash, check, money order, or credit card.

Payment Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_

- Requirements to pass the course are: Students must meet all State of Michigan requirements, attend a minimum of: 24 hours of class time, 6 hours BTW driving, 4 hours of in car, non-driving observation, be able to answer at least 6 reading assignment questions, return the textbook in original issue condition (keep workbook for use in Segment 2), and pass state knowledge test.
- The required score to pass the STATE TEST is **70%**. Up to 2 re-takes are allowed, but not required.
- The cost of materials and supplies for the class are included in the amount in No. 2 above.
- In case of a student's absence or emergency the school's policy is: Students are expected to attend all classes held for their program number and required to attend a minimum of 24 hours of classroom instruction. Should the minimum requirements not be met for any reason, make-up will be required. Classroom Make-up 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:

- Duplicate S.O.M. Segment 1 Certificate of Completion will cost **\$25.00** (48-hour lead time is requested).
- Lost or destroyed Textbook fee is **\$35.00**. Lost or destroyed replacement Workbook fee is **\$5.00**.
- A **\$30.00** service fee will be charged for all returned checks (NSF).
- 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.
- If student misses a scheduled range drive, student may make it up at next range if the date falls before the Program Completion Date. Otherwise, a fee of **\$30.00** will be charged for a BTW makeup drive.
- Extra Behind-The-Wheel drives which go beyond the required 6 hours are available at the rate of **\$30.00/hour**.

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

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, your refund will be based on the following:

- A refund minus the \$80.00 non-refundable fee will be issued based on the following: No BTW driving has taken place and textbook has been returned.
- A partial refund will be calculated and issued based on the following: \$42.50 for each hour of driving time unused.



**CERTIFICATION: I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. BY SIGNING AND DATING THIS CONTRACT, I AM STATING THAT I HAVE READ THE SEGMENT I CONTRACT AND AGREE WITH THE COURSE PROVISIONS, TERMS, FEES, AND REFUND POLICY ASSOCIATED WITH THIS DRIVER TRAINING COURSE.**

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

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

Date: \_\_\_\_\_ Provider's Authorized Official's Signature: \_\_\_\_\_