

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 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: _____

COURSE PROVISIONS

P S

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

P S

1. The parent or guardian agrees to pay the total amount of **\$ 80.00**, 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:

P S

1. Duplicate S.O.M. Segment 2 Certificate of Completion will cost \$25.00 (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

P S

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. 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 1 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: _____