

Turner School Of Driving (TSOD)

20490 Harper Avenue • Harper Woods • MI • 48225 • (586) 443 – 6717
State Certification # P000723 • Office Hours: Saturday 10:00 a.m. – 2:00 p.m.

Program Number #: _____ **TEEN SEGMENT 1 CONTRACT** Classroom Location: Harper Woods

(last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Student cell: _____ Student email: _____ Age: _____ D.O.B.: _____

Parent/Legal Guardian's Name: _____ Parent/Legal Guardian's Phone #: _____

Parent/Legal Guardian's Address: _____ City: _____ Zip: _____ Parent email: _____

Emergency Contact: _____ Phone #: _____

Dates of Class: _____ Time: _____

TEEN SEGMENT 1 PROVISIONS

1. Turner School of Driving will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time with a certified Michigan Driver Education Instructor.
2. 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 and must be completed no later than 3 weeks after the classroom instruction has been completed.
3. Turner School of Driving will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.
4. The Student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate or passport is required.

TEEN SEGMENT 1 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$360 on or before the first day of class in the form of; cash, debit card, credit card or **Cash App to \$Turnerdrives***.
2. The Student may miss class only for an illness or emergency with documented proof presented to the instructor. The student is required to make up the same class session missed (e.g., The student missed day 5 and must attend day 5 of the next available segment 1 course)* There is a \$25 fee to recover each missed class session. Your certificate of completion will be withheld until Segment 1 requirements have been met.
3. A fee of \$30.00 will be charged if 24-hour advance notice is not given for a driving appointment cancellation. * **Missed scheduled drives will incur a \$25 rescheduling fee.**
4. A fee of \$50.00 will be charged for each lost or damaged textbook or workbook. Textbooks are due by exam day. **Note: Certificates of completion will be withheld if books are not returned by exam day or if the book replacement fee is not paid.**
5. A fee of \$10.00 will be charged for each request for a replacement of a Segment One Completion Certificate.

REQUIREMENTS TO PASS THE COURSE

1. The Student must complete all homework /assignments AND receive an overall grade of 75% on daily quizzes/test.*
2. The Student will be allowed up to three attempts to pass the State Exam, which requires a score of at least 75%* (this is above the requirement of 70%) within the current class session.
3. **The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.**

REFUND POLICY

1. The day before the first day of class, half of all monies paid will be refunded.

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. Completion of driver education instruction does not guarantee qualification for a driver license.

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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.

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: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Turner School of Driving By: _____ Owner/President
Provider Name Signature of Provider Owner Title)

ACCOMMODATIONS/MEDICAL CONDITIONS

1. 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: _____
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes No If Yes, please explain: _____
3. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes No If Yes, please explain: _____
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes No If Yes, please explain: _____
5. 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 would affect his/her ability to drive a motor vehicle safely? Yes No

If the answer to any of questions 5 – 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Turner School of Driving By: _____ Owner/President
Provider Name Signature of Provider Owner Title)

VISION SCREENING TEST

I, _____ (SIGNATURE OF STUDENT NAME)	have been administered a vision screening test on _____ (DATE)	
by _____ (INSTRUCTOR NAME)	and received a visual acuity score of at least 20/40 corrected.	
Payment amount: _____	Date(s): _____	Type: _____