

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 #: _____ **ADULT BTW Contract** Classroom Location: Harper Woods

Student: (last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ D.O.B.: _____

Temporary Instruction Permit (TIP) #: _____ TIP Issue Date: _____ Cell # _____ :

Dates/Times of BTW Instruction: _____

ADULT BTW PROVISIONS

1. 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.
2. The Student must be at least 18 years of age by the first day that BTW instruction is given. Verification by a copy of the temporary instruction permit is required.

ADULT BTW TERMS

1. The Student agrees to purchase 1 hour at **\$60** per BTW instruction. The total amount must be paid at the time of enrollment via the website.
2. A fee of \$30.00 will be charged if 24-hour advance notice is not given for a driving appointment cancellation.

REFUND POLICY

1. No refunds. Only 1 date transfer allowed if made 24 hours prior to driving lesson.

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)? Yes No If Yes, please explain: _____
2. 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: _____
3. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes No If Yes, please explain: _____
4. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes No
5. 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

Date: _____ Student Signature: _____

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

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.