

Dana Ventures Inc. dba All About Driving
4620 Dixie Highway, Suite A
Waterford Township, MI 48329
248-623-0799 www.allaboutdriving.com

Department of State Certification #: P000652
Office Hours: 2-7PM, Monday through Friday
Program Number #: _____

STUDENT CONTRACT FORM FOR SEGMENT 1 CLASS

Student Name: _____
LAST _____ First _____ Full Middle Name _____
Date of Birth: _____ validated: office use only
Address: _____ City: _____ State: _____ Zip: _____
Best Phone Contact: _____
Email to be used for Scheduling Drives: _____
Name of Parent or Legal Guardian: _____ Phone: _____
Address: Check if same as above: _____ If different: _____ City: _____ State: _____ Zip: _____
Emergency Contact: _____ Relation: _____ Phone: _____

COURSE PROVISIONS

All About Driving ("AAD") will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time. 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. All instruction must be completed no later than 3 weeks after classroom instruction has been completed. **AAD will conduct the BTW instruction in a dual-controlled, fully insured automobile, covering each student enrolled in the program. Classroom dates:** _____

TERMS OF AGREEMENT

The student must be at least 14 years/8 months of age by the beginning of class (verification by birth certificate or government ID required).

Students MUST be picked up on time. AAD does not guarantee an adult presence or the safety of students, either inside or outside the building during non-supervised times. If the student is absent from class, he/she must make up the classroom instruction missed by attending a following class covering the relevant material. If a student misses a scheduled drive they will be required to reschedule it. While AAD will make best efforts to avoid doing so, AAD reserves the right to cancel, relocate, or reschedule classes or BTW sessions at its sole discretion should circumstances dictate.

The parent or legal guardian agrees to pay the amount of \$430 in the form of either cash, check (payable to **All About Driving**) or payment card. Additional hourly BTW Coaching **\$35**. Cancellation of BTW session with less than 24 hours advance notice **\$25**. Textbook replacement if unreturned or damaged beyond normal wear & tear **\$15**. Returned Check **\$12**. Full payment is required by the first day of class. AAD will not, after any course begins, refund any fee, tuition, or charge or any part thereof should the school be ready, willing, and able to fulfill its part of the agreement. Detailed refund and privacy policies may be found on our website at www.allaboutdriving.com. All About Driving reserves the right to void this contract without penalty if the student, OR parent or surrogate, engages in conduct (verbal or physical) that is offensive, inappropriate, abusive, or disruptive. The student will be allowed up to two retakes, a total of three attempts, to pass the State Exam, which requires a score of at least 70%. The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA).

Refund Policy: Refunds will be processed in full if a class/service is canceled by All About Driving or if customer requests refund of any deposit or prepayment for course fees not less than three (3) business days before class start date. No refunds will be given under the following circumstances: 1) Failure to complete course requirements, including attendance, on a timely basis. Students MUST attend the first day of class for Segment 1. 2) Withdrawal after the commencement of class or failing to attend scheduled (or makeup) instruction. 3) Students are deemed to be ineligible for class.

Student Signature _____ Date _____

I hereby certify that the student named above is my child/ward and that s/he has my permission to participate in the AAD Instructional Course listed above. I have read, understand, and agree to the above terms of this agreement.

Provider Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Notice: This provider is required to be certified by the Secretary of State. If you have a complaint which you cannot settle with the provider please complete the Driver Education Complaint form found on the Department of State website www.michigan.gov/teendriver. Completion of driver training instruction does not guarantee qualification for a driver license.

**** Please sign only ONE of the following agreements. Either Box 1 or Box 2 ****

1) On-the-road student instruction agreement. This agreement provides that **All About Driving** shall have not less than two (2) students in the vehicle used by the students during behind-the-wheel instruction.

NOTE: If you choose this option we may not drive your student alone. We must have two (2) students in the car at all times. A parent or family member may substitute for the second student. **AAD is not responsible for pre-arranging availability of observers.** If the student cannot fulfill their scheduled drive due to a lack of an observer that will be considered a late cancellation.

Signature of Student _____ Date _____
Signature of Parent/Guardian _____ Date _____
Signature of Provider _____ Date _____

2) Parent waiver agreement for individualized on-the-road instruction.

By signing below, I, _____, authorize _____, Printed Name of Parent/Guardian

All About Driving to allow a certified instructor employed by **All About Driving** to offer my child on-the-road driving instruction without another passenger in the vehicle. Signing this waiver does NOT mean that students are exempt from the 4 hours of observation requirement.

NOTE: If you choose this option the instructor is allowed to drive with your student alone.

Signature of Student _____ Date _____
Signature of Parent/Guardian _____ Date _____
Signature of Provider _____ Date _____

Health Questionnaire Section:

1. Does the student require any special accommodation(s) 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: _____

2. Does the student require any special accommodation(s) to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, 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 describe _____

4. 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: _____

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 affected his/her ability to drive a motor vehicle safely? Yes _____ No _____

If the answer to question 5 is no, or either of questions 6 or 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.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

DATE _____

Student Driving Record for All About Driving

Check box if another student/adult must accompany student driver

NAME _____ PROGRAM # _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Best Phone Contact _____

Drive	Comments	
Passed Eye Exam <input type="checkbox"/> _____ In car familiarization Residential roadways (side streets), Pedestrian alertness Controlled & uncontrolled intersections and parked cars Left and right turns		
Drive 1 Date: Start/End Times:	Instructor Name	Student Initials
Visual awareness of: Signs, Pavement markings, Traffic lights and Brake lights Reaction on red, Aim high in steering, Space cushion Speed and Brake Control		
Drive 2 Date: Start/End Times:	Instructor Name	Student Initials
Multiple lane changes (2 to 4 lanes) Mirror (5 to 8 seconds) and Blind Spot Check Following Distance, Variations of speed and Brake Control Visual awareness of: Signs, Pavement markings, Traffic lights and Brake lights Reaction on red, Aim high in steering, Space cushion		
Drive 3 Date: Start/End Times:	Instructor Name	Student Initials
Expressway; highway/interstate driving Entrance & exit ramps, Merge lanes, Lane changes, Mirror (5 to 8 seconds) and Blind Spot Check Visual awareness of: Signs, Pavement markings, Traffic lights and Brake lights Reaction on red, Aim high in steering, Space cushion		
Drive 4 Date: Start End /Times:	Instructor Name	Student Initials
Parking (perpendicular, reverse, diagonal, & parallel) 3-point turn		
Drive 5 Date: Start/end Times:	Instructor Name	Student Initials
Final Evaluation		
Drive 6 Date: Start/End Times:	Instructor Name	Student Initials

TOTAL HOURS DRIVEN: _____ **TOTAL HOURS OBSERVED:** _____

Instructor Signature _____

All About Driving
BTW STUDENT OBSERVATION RECORD KEEPING – Segment 1

Student Name: _____

Program # _____

Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials
Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials
Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials
Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials