Walters Driving Academy LLC, dba West Michigan Driving Academy

1165 W. Hackley Ave., Muskegon, MI 49441 • (231) 206-4678 • Program Number #:

State Certification # P000728 • Office Hours: Monday-Thursday, 3:00 p.m.-9:00 p.m.

TEEN SEGMENT 2 CONTRACT

Classroom Locations: Fruitport HS, Glenside, Montague HS, North Muskegon HS, Oakridge HS, Reeths-Puffer HS, Whitehall MS

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		Full Legal Name is Required	
Student: (last)		(first)	(middle)
Address:		City:	Zip:
Home Phone:		Age:	D.O.B.:
Driver's License Number:			Issue Date:
Parent/Legal Gua	ardian's Name:	Parent/Legal Guardia	n's Phone #:
Parent/Legal Gua	ardian's Address:	City	: Zip:
Emergency Conta	act:	Phone #:	
Location:		Dates of Class:	Time:
	an Driving Academy will p	provide a minimum of 6 hours of class om instruction shall not exceed 2 hours	room instruction with a certified Michigan
2. A driving log hours at nigh	must be presented to vent) with a licensed parent/	rify that the student has completed a r	ninimum of 30 hours of driving (including 2 lit driver 21 or older. A log was presented to Seg. 2 Instructor initials
3. The Student	must have held a Level 1	License for not less than 3 continuous	s months. Seg. 2 Instructor initials
TEEN SEGMENT	Γ2 TERMS		
		pay the total amount of \$50 before the fir	st day of class in the form of; cash, check or start of class.
	ake up the same class sess		oof presented to the instructor. The student is y 2 and must attend day 2 of the next available
•	•	request for a replacement of a Segment ⁻	Two Completion Certificate.
REQUIREMENTS	S TO PASS THE COURSE		
1. The Student must complete all homework and receive an overall grade of 70% on daily work.			
2. The Student v	will be allowed up to three a	ttempts to pass the State Exam, which re	equires a score of at least 70%.
REFUND POLICY	<u>Y</u>		
1. After the begin	nning of the first class sess	ion, NO REFUND shall be given.	
<u>ACCOMMODATI</u>	IONS/MEDICAL CONDITION	<u>DNS</u>	
 Does the Stud Yes □ 	dent require any special acc No □ If Yes, please exp		oom phase (e.g, test being read, interpreter, etc.)?
Date:	Student Signatur	e:	
Date:	Parent/Legal Gua	ardian Signature:	
Date:	West Michigan D	riving Academy By:	Owner