

**Walters Driving Academy LLC, dba West Michigan Driving Academy**

1165 W. Hackley Ave., Muskegon, MI 49441 • (231) 206-4678 • Program Number #: -1- /  
State Certification # P000728 • Office Hours: Monday – Thursday, 3:00 p.m. – 9:00 p.m.

**TEEN SEGMENT 1 CONTRACT**

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

Full Legal Name is Required

Student's full name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ middle) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_ Parent's/Legal Guardian's Phone #: \_\_\_\_\_

Parent/Legal Guardian's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates of Class: \_\_\_\_\_ Parent Meeting: During last 20 minutes of 2<sup>nd</sup> class

Class Time & Location from the list on our website: \_\_\_\_\_

**TEEN SEGMENT 1 PROVISIONS**

1. West Michigan Driving Academy 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. West Michigan Driving Academy will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.

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 is required. A birth certificate was presented to the Segment 1 instructor on or before the first classroom session. Parent or Student initials \_\_\_\_\_  
- Seg. 1 Instructor initials \_\_\_\_\_

**TEEN SEGMENT 1 TERMS**

1. The Parent or Legal Guardian agrees to return this signed contract with a **\$100 non-refundable** deposit 2 weeks prior to the start of class in order to ensure a spot in the class. The balance of **\$270** will be due the first day of class. Cash, check or money order is accepted for payment.
2. The Student and at least one Family Partner must attend the mandatory Parent Meeting.
3. 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.) Make-ups are during the next month's class (free) or on special make up days at a rate of \$20 per day.
4. A fee of **\$30.00** will be charged if 24 hours advance notice is not given for a driving appointment cancellation.
5. A fee of **\$50.00** will be charged for each lost or damaged textbook or workbook.
6. A fee of **\$10.00** will be charged for each request for a replacement of a Segment One Completion Certificate.
7. A \$25 processing fee will be applied if you change the date of class less than 14 days prior to the start of class.

**REQUIREMENTS TO PASS THE COURSE**

1. The Student must complete all homework from How To Drive and receive an overall grade of 70% on daily work.
2. The Student will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70%.
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. Before the beginning of the third class session, 80% of the total tuition, after deposit, will be refunded if no BTW instruction was given.
2. After the beginning of the third class session, no refund shall be given.

Behind-The-Wheel 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: \_\_\_\_\_ West Michigan Driving Academy By: \_\_\_\_\_ Owner

**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 less than 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.**

**By signing below, you agree that all of the information you have given is correct and you are committing to the chosen Class date, location and time.**

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ West Michigan Driving Academy By: \_\_\_\_\_ Owner