

Alpine Driving School, Inc.

Date: _____

Certification # P000-400

Program # _____

STUDENT SEGMENT 1

RESISTRATION/CONTRACT

Business Office:

24768 Lahser Rd. Ste. 300, Southfield, MI 48033 Office (248) 663-2297 Fax (248) 663-9883

Office Hours: Call for appointment

Behind-The-Wheel Instructions: Alpine Driving School, Inc. will conduct the behind-the-wheel instruction in a dual controlled vehicle, fully insured, covering each student enrolled in the program.

Terms of Payment: The course **fee is \$310** (Cash, Check, or Money Order). Credit/Debit Cards accepted in office with an additional \$9 Service Fee. For a replacement certificate, there is a \$10 fee after the class has ended.

Refund Policy: \$100 deposit is refundable if cancellation notice is given at least 7 days before class begins. 80% of the tuition will be refunded before the 2nd class session. No refund will be given after that.

Note: There is a \$30 charge if the student is not available for his/her pre scheduled driving session(s).

There will be a \$25 fee for returned checks. A fee of \$45 per hour will be charged for additional driving instructions (more than 6). All sessions(s) must be scheduled. Make up days must be arranged with the instructor immediately following the missed day(s).

Course Provisions: Alpine Driving School, Inc. 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. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction. BTW instruction must be completed no later than 3 weeks after the classroom instruction has been completed.

Requirements to Register:

- The student must be at least 14 years and 8 months of age by the first day of class (verification by birth certificate, state ID or passport required).
- Contract must be signed by both student and parent/guardian which certifies that student does not have any physical handicaps, which will interfere with driving the automobile. In addition, the vision of the student must be 20/40 corrected. In the past 6 months there has not been any fainting spell, blackout, seizure or other loss of consciousness.

Written Exam:

- The student must pass the written test with a score of 70% or better. If the student fails the first written exam, he/she will be allowed to take the test 2 more times. 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.

Print Student's Name: Last _____ First _____ Middle _____

(Student's Address) _____ City _____ State _____ Zip Code _____

Student's Signature _____ Date _____

Student's Phone # _____ Date of Birth _____

Parent/Legal Guardian Signature _____

Date _____ Parent/Legal Guardian Phone # _____

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 Drivers Education Complaint Form found on the Department of State Website; www.michigan.gov.teendriver. Completion of driver's education instruction does not guarantee qualification for a driver's license.

Alpine Driving School, Inc.

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. Yes (check)

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 education student.

DATE: _____ Student Signature: _____

DATE: _____ Parent/Legal Guardian Signature: _____

DATE: _____ Alpine Driving School, Inc. By: _____

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 device, interpreter, etc.)?
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.)?
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 to question 6 or 7 is Yes, then the Parent/Guardian must provide a letter signed by the Student's physical indicating that the condition has been corrected and/or is under control and the Student meets the physical mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA MCL 257.309.

DATE: _____ Student Signature: _____

DATE: _____ Parent/Guardian Signature _____

DATE: _____ Alpine Driving School, Inc. By: _____

Vision Screening Test

For Office Use Only

Date By: Instructor Name _____ and received a visual acuity score of at least 20/40 corrected.

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