

Alpine Driving School, Inc.

Date: _____

Certification # P000-400 Program # _____

SEGMENT 2

REGISTRATION /CONTRACT

Business Office:

24768 Lahser RD, Ste. 300 Southfield, MI 48033 Office: 248-663-2297 Fax: 248-663-9883

Office Hours: Appointment Only

Dates of Class: _____

Student: Last _____ First _____ Middle _____

Address: _____ City _____ State _____ Zip _____

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

Parent/Legal Guardian Name: _____ Phone # _____

Terms of Payment: The course fee is **\$60.00** (Cash or Money Order). Debit/Credit card available in office with a \$2.00 processing fee.

Refund Policy: 100% is refundable up to the first day of class session; NO refund shall be given after that day.

Note: Makeup days must be arranged with instructor immediately following the missed dates.

Course Provisions:

- Alpine Driving School, Inc. will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education instructor. Classroom instructions shall not exceed 2 hours per day.
- A driving log must be presented to verify that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent/guardian or designated licensed adult driver over 21 or older.
- A log was presented to the Segment 2 instructor on or before the first classroom session.
Parent or Student initials _____ Segment 2 instructor initials _____
- The Student must have held a Level 1 License for not less than 3 continuous months.
Parent or Student initials _____ Segment 2 instructor initials _____

Requirements to Pass The Course:

1. The Student must complete all homework and receive an overall of 70% on daily quizzed/test.
2. The Student will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70%.

Accommodations/Medical Conditions:

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 _____

Date: _____ Student Signature _____

Date: _____ Parent/Legal Guardian Signature _____

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

Notice: This provider is required to be certified by the Secretary of the State. If you have any complaint that cannot be settled with the provider, please complete the Drivers Education Compliant Form found on the Department of State website (www.michigan.gov/teendriver). Completion of driver education instruction does not guarantee qualification for a driver's license.

Instructor's driving records are available for review.