

DURAND AREA HIGH SCHOOL
9575 E. Monroe Rd. Durand, MI 48429
989-288-6735

Office hours: Monday-Friday 7:30 a.m. – 3:30 p.m.

Department of State Certification #P000208/Program Number #18-1-6-6A, 18-1-6-6B, 18-1-6-25

SEGMENT I CONTRACT

Circle **SESSION** choice: **Session 1 – 3:00-5:00** on June 6, 7 and **8:00/10:00** on June 8,11,12,13,14,15,18,19,20,21 (**Room 202**)

Circle class time choice: **8:00 am** or **10:00 am**

Session 2 – 10:00 am June 25, 26, 27, 28, 29, July 5, 6, 9, 10, 11, 12, 13 (**Room 202**)

***Driving times will be assigned by the driving instructor. We will try to assign driving times immediately before or after class times.**

Student Legal _____
Name Last First Middle Age Date of Birth

Address _____

Student Home/Cell _____ Parent/Guardian Home/Cell _____

Parent/Guardian Name _____ Work Phone _____

COURSE PROVISIONS

Durand Area Schools will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program. Class room 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.

REQUIRED LANGUAGE

NOTICE – This provider is required to be certified by the Secretary of State. If you have any complaints, which you cannot settle with this school, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

TERMS

1. The student must be at least 14 years/8 months of age by the first scheduled day of the class. Verification by birth certificate is required.
2. The parent or guardian agrees to pay the amount of \$340 for in-district students and \$365 for out-of-district students. This fee is to be paid in full by June 6th. (Paid by cash, certified check or money order). **NO PERSONAL CHECKS**
3. Requirements to pass the course are on the attached classroom rules.
4. The required STATE TEST administered is an 80 question test. The score to pass is 56 out of 80 questions correct (70%). This will require each student to read and study the assignments given.
5. A driver education textbook will be provided for each student. The cost of the textbook is covered in the tuition.
6. There is no cost for materials for the class but students are expected to bring their own notebook for note taking.
7. Students are responsible for their own transportation to and from classes/driving.
8. In case of an emergency, which forces a student to miss class or driving, the class rules will apply.
9. Parents must attend a **mandatory** parent/guardian meeting on **June 19th or July 10th at 7:00** in the cafeteria of Durand High School.

REFUND POLICY

If for any reason you decide to withdraw from the course before its completion, your refund will be based on the following: A \$25 fee will be charged if student withdraws prior to the beginning of class. There will be no refund if the student drops out or is removed from class after it has started.

Student Signature

Parent/Guardian Signature

School Representative Signature

Date of Contract

Parent Waiver Form:

I _____ agree to let my son and/or daughter take behind
the wheel instruction while alone with an instructor.

Parent Signature

Date

9575 E. MONROE RD.

DURAND, MI 48429

989-288-6735

Office hours: Monday-Friday 7:30-3:30

Department of State Certification #P000208 / Program Number #18-1-6-6A, 18-1-6-6B, 18-1-6-25 Class rm. 202

PLEASE PRINT

CIRCLE CHOICE:

SESSION 1: 3:00-5:00 June 6, 7, **8:00 or 10:00a** 8, 11, 12, 13, 14, 15, 18, 19, 20, 21 Room 202

SESSION 2: 10:00 am June 25, 26, 27, 28, 29, July 5, 6, 9, 10, 11, 12, 13

BIRTHDATE: __/__/____ BIRTHDATE MUST BE VERIFIED BY BIRTH CERTIFICATE

Student must be at least 14 years/8 months by the first day of class

Birthdate MUST be on or before October 6, 2003 for Session 1 and October 25, 2003 for Session 2

STUDENT LEGAL NAME _____
Last First Middle

Address: _____ City: _____ Zip _____

Home/Cell Phone #: _____ Parent work #: _____

Parent/Guardian name: _____

Emergency Contact: _____ Phone#: _____

1. Does the student require any special accommodations to participate in the classroom phase? (i.e., test being read, an interpreter, seating arrangement, etc.) **YES** ___ **NO** ___ If yes, please explain: _____
2. Does the student require any special accommodations 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 medication that may affect their ability to drive a motor vehicle safely? **YES** ___ **NO** ___ If yes, please explain: _____
4. Any medical conditions such as; epilepsy, asthma, color blindness, hearing loss, etc., that would affect the behind-the-wheel instruction? **YES** ___ **NO** ___ If yes, please explain: _____
5. Is the student's visual acuity at least 20/40 corrected? (do you wear glasses?) **YES** ___ **NO** ___
6. In the last six months have you experienced any fainting spells, blackouts, seizures, or other uncontrolled loss of consciousness? **YES** ___ **NO** ___
7. In the last six months has there been any physical or mental condition which may affect your ability to drive a motor vehicle safely? **YES** ___ **NO** ___

If you have answered yes to questions 5, 6, or 7, the parent/guardian must provide a signed letter from your physician, stating the student's condition is corrected and/or under medical control. The student must meet 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

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

Parent Signature

Date

Student Signature

INFORMATION FOR DRIVER EDUCATION 2017

(Save this sheet for your information)

CIRCLE ONE:

SESSION 1 3:00 – 5:00 pm June 6, 7
8:00 or 10:00 am June 8, 11, 12, 13, 14, 15, 18, 19, 20, 21 (Room 202)

SESSION 2 10:00 am June 25, 26, 27, 28, 29, July 5, 6, 9, 10, 11, 12, 13 (Room 202)

BIRTHDATE MUST be on or before October 6, 2003 for Session 1 and on or before October 25, 2003 for Session 2.

MANDATORY Parent/Guardian meeting regarding Graduated License Program.

Parent/Guardians MUST attend one scheduled meeting before a certificate of completion will be issued.

MEETING DATES: Tuesday June 19th, 2017
Tuesday July 10th, 2017

All meetings are in the cafeteria, 7:00-8:00 pm Durand High School

TESTS: Each student will get two opportunities to pass the state examination. To be successful, a student must receive a score of 70 % or better out of the 80 points possible. Students will be given the opportunity to retake a different test and perhaps a third test, in order that they be successful in passing Segment I. More responsibility will be placed on the students to read and study their textbooks because we as teachers do not control what will be on the test.

FEES/CHARGES: Due to the rising costs of all components of the Driver Education Program, the Board of Education has set the following fees to be paid by ALL applicants.

DURAND SCHOOL DISTRICT RESIDENTS: \$340
(enrolled in school district)
OUT OF DISTRICT STUDENTS \$365
(not enrolled in school district)

Down payment minimum of \$100 required with all applications. The balance must be paid prior to the June 6, 2018. (The June 6th due date is for both Session 1 and 2). \$50 of the down payment will be refunded if you cannot attend the classes, provided you do not attend the first class. Payment must be made in cash, certified check or money order. **(No Personal Checks)** Payment made to: Durand Area Schools, on or before June 6, 2018.

PLEASE: If you have special concerns or requests, please indicate such information in the space provided on the application form. Advanced notice of concerns are needed as soon as possible, will be taken into consideration and we will try our best to work with you and your student. Remember, OLDEST GO FIRST. If you have any questions about Driver Education please contact:

Mrs. O'Hara at 989-288-6735

SAVE THIS SHEET FOR YOUR PERSONAL REFERENCE

If we **do not** contact you, the session you circled is the session your student will attend.