

Madison School District

3498 Treat Street • Adrian • MI • 49221 • (517) 263-0741

State Certification # P000258 • Office Hours: Monday – Friday, 8:00 a.m. – 4:00 p.m.

Program Number #:

TEEN SEGMENT 1 CONTRACT

Classroom Location: Madison Middle School

Student: (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: _____ Time: _____ :

TEEN SEGMENT 1 PROVISIONS

1. **Madison School District will provide 26 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. **Madison School District will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.**
4. **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.**

TEEN SEGMENT 1 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$395 on or before the first day of class through My School Bucks.
2. Each student must attend at least 24 hours of classroom instruction to pass.
3. A fee of \$20.00 will be charged to any student who doesn't show up for a scheduled drive.
4. A fee of \$25.00 will be charged for each lost or damaged textbook or workbook.
5. A fee of \$10.00 will be charged for each request for a replacement of a Segment One Completion Certificate.

REQUIREMENTS TO PASS THE COURSE

1. The Student must complete all homework and receive an overall grade of 70% on daily quizzes/test.
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. After the beginning of the first class session, no refund will be given.

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.

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.

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 Driver Education Complaint form found on the Department of State website; www.michigan.gov/teendriver. Completion of driver education instruction does not guarantee qualification for a driver license.

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| | | | |
|-------|----------------------------------|--|-------|
| Date: | Student Signature: | | |
| Date: | Parent/Legal Guardian Signature: | | |
| Date: | Madison School District | Designated Representative | |
| | Provider Name | Signature of Designated Representative | Title |

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 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 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.

| | | | |
|-------|----------------------------------|--|-------|
| Date: | Student Signature: | | |
| Date: | Parent/Legal Guardian Signature: | | |
| Date: | Madison School District | Designated Representative | |
| | Provider Name | Signature of Designated Representative | Title |

| VISION SCREENING TEST | FOR OFFICE USE ONLY | |
|-------------------------------|---|-------|
| I, _____ (STUDENT NAME) | have been administered a vision screening test on _____ (DATE) | |
| by _____ (INSTRUCTOR NAME) | and received a visual acuity score of at least 20/40 corrected. _____ (STUDENT INITIALS) | |
| Payment amount: | Date(s): | Type: |

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