

**\*\* THIS IS NOT A REGISTRATION FORM – Please be sure to keep a copy for your records after signing\*\***

OFFICE USE  
ONLY

# ALL STAR DRIVER EDUCATION, INC.

Provider Certificate Number: P000265

PROGRAM NUMBER

## SEGMENT 1 CONTRACT

Office Location: 75 Aprill Drive, Ann Arbor, MI 48103 Hours: M-F 9-5pm (734) 665-7374 www.allstarde.com

This contract is entered into by and between All Star Driver Education Inc., (ASDE) and

Students Full Name: \_\_\_\_\_ High School \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Must be 14yrs. 8mo. by first day of class)

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Class Location \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Course Fee: \_\_\_\_\_

All Star Driver Education, Inc. (ASDE) will provide a minimum of 24 hours of classroom instruction, 6 hours behind-the-wheel instruction, and 4 hours of observation time. Classroom instruction must be a minimum of 3 weeks in length. BTW instruction should 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, but could take up to those 3 weeks depending on class size. ASDE will conduct the behind-the-wheel instruction in a dual controlled automobile, fully insured, covering each student enrolled in the program. The school will provide the certified instructor, vehicle, and fuel for the driving instruction. No instruction shall commence until the student has paid all fees in full, this fully signed contract, and has submitted a *photocopy* of his/her birth certificate to be kept by the school; it *will not be returned to the student*. The student must be 14 and 8 months by the first classroom session. **Verification by birth certificate is required.**

**Refund Policy:** ALL refund requests for all services offered are charged a \$5 processing fee. No refunds are permitted once a student has participated in one or more drive hours. Refunds will be processed in full if a class/service is cancelled by ASDE. Refunds take 7-10 business days to process and will be returned back to the card used for original payment. No refund will be issued if the student is expelled due to disciplinary reasons. To learn more about our discipline policy, please visit the FAQ's on our website, or contact our Corporate Office. There will be a \$30 return check fee for all returned checks!

**Missed Days and Make Up Days:** Students are expected to be present for every class and drive time, unless there is good cause for an absence. Students are allowed to miss up to 3 classroom sessions. If an absence occurs the student is expected to make up the missed material in a following course. For example: if the student misses day 1, he/she must make up day 1 in a future course. **You will not receive your Certificate of Completion until you do so.** If you no-show for a drive time you will be subject to a **\$20 no-show fee**, if you must change a drive time after the third day of class you will be subject to a **\$10 rescheduling fee**. In case of emergency you must call your classroom instructor, without this contact you will be subject to the no-show fee for missing a drive. It is **imperative** that students arrive on time for their scheduled drive time. If your student is not there when the instructor departs for the lesson it is considered a **no-show** and you will be charged a **\$20 fee**.

**Materials:** You will be provided a textbook for this class, each student can keep their text book. If the text book is misplaced during Segment One, an additional book may be purchased for \$20. If a Certificate of Completion is misplaced or destroyed, there is a \$30 fee to replace it.

**Requirements to Pass Segment I:** As a student you will be required to participate in all 24 hours of classroom instruction as well as the 6 hours of behind the wheel training and at least 4 hours of observation time in the vehicle. You will also be expected to pass the State Test at the end of the session with a 70% or higher (having answered 56 or more of the 80 questions correct). If you do not pass the State Test you will be given a chance to take it again (3 attempts). You will be expected to complete all chapters of reading and activities assigned to you throughout the session, failure to complete these terms will result in withholding the certificate until all course requirements are met.

I have read and understand the above policies and procedures for my child to take part in this program provided by ASDE.

The undersigned agrees to pay the amount of \$ \_\_\_\_\_ which needs to be paid before the 1<sup>st</sup> day of class by : Cash Check Credit Money Order

PARENT NAME	PARENT SIGNATURE X	DATE / /
ADDRESS		PHONE
STUDENT NAME	STUDENT SIGNATURE X	DATE / /

School Representative Signature: BOG

**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/teendrivers. Completion of driver education instruction does not guarantee qualification for a driver license.

Parental Permission for Driver Education Instruction: I hereby give consent for my son/daughter, as stated above, to take a complete course of Driver's Education which includes the 24 hours classroom instruction, 6 hours BTW instruction, and 4 hours of observation as listed in this contract. This course is conducted under the supervision of a state certified instructor. Behind-the-wheel driving for teens is scheduled with two students in the car at the same time under the supervision of a certified driving instructor. If unforeseen circumstances arise, however, I give permission for my son/daughter to drive with the certified driving instructor, unaccompanied by another student. Please be advised that Foreign Exchange Students will not receive any type of Michigan Permit nor will they receive a refund if you decide to take the driver's education class which is for learning purposes only.

PARENT NAME	PARENT SIGNATURE X	DATE / /
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**Additional Information Required:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does student require any special accommodations to participate in the classroom portion of the course? **Y/N**

If yes, please explain \_\_\_\_\_

Does student require any special accommodations to participate in the behind-the-wheel portion of the course? **Y/N**

If yes, please explain \_\_\_\_\_

Is the student currently taking medication that would affect their ability to operate a vehicle safely? **Y/N**

If yes, please explain \_\_\_\_\_

Does the student have any medical conditions that would pose a concern with the behind-the-wheel instruction? **Y/N**

If yes, please explain \_\_\_\_\_

In the last 6 months, has the student suffered from a fainting spell, blackout, seizure, uncontrolled loss of consciousness, or has a physical or mental condition that may affect their ability to operate a motor vehicle safely? **Y/N**

**If yes, a letter must be provided from the student’s physician indicating that the condition has been corrected and/or is under control and meets the physical and mental requirements to operate a motor vehicle safely.**

Has the student ever taken Driver’s Education before? **Y/N**

Has the student ever had a license suspended or revoked? **Y/N**

Does student wear corrective lenses? **Y/N**

By signing below you are agreeing to/verifying that the student’s visual acuity is 20/40 corrected or better to obtain an unrestricted license.

By signing this disclaimer, I hereby agree that my child is mentally and physically able to complete the required behind-the-wheel training with a licensed driving instructor and does not have a mental and/or physical disability and is not taking any medication that may cause endangerment or compromise the well –being of the driving instructor or passenger. I understand that if my student does have a disability or is on medication that may endanger the well – being of the driving instructor or passenger, and I, the parent or guardian, do not disclose this information to ASDE, said company has a right to discontinue driver education for my student at any given time. I also understand that any damages caused by said student that may occur during drive times resulting in not disclosing any student disabilities and/or medications become my responsibility as a parent/guardian.

<b>PARENT SIGNATURE</b> X	<b>DATE</b> / /
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**RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT**

**All Star Driver Education, Inc. (ASDE)**

I make this release, assumption of risk and indemnification agreement as parent and natural guardian or legal guardian of \_\_\_\_\_ (Children). In consideration of the Children’s participation in the driving instruction and/or road testing and any and all events or activities in relation thereto (collectively the “Activity”) permitted by ASDE and with the understanding that the Children’s participation in the Activity is only on the condition that I enter into this agreement for the Children and myself, our heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity, and any risks inherent in any other activities connected with the Activity in which the Children may participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) which may occur as a result of the Children’s participation in the Activity and release from liability ASDE, its and their officers, directors, agents, representatives, heirs and employees. I hereby waive any and all claims I or the Children may hereafter have as a result of any and all injuries disease or sickness (including death) to the Children as a result of the Children’s participation in the Activity. I hereby agree to indemnify all of the above named persons for any and all claims, including attorney’s fees and costs, which may be brought against any of them by anyone claiming to have been damaged as a result of any injury, sickness or disease (including death) to the Children which may occur as a result of or during the Activity. I understand that the Activity may be dangerous and that physical injury, property damage or death may result. I certify that I have read and fully understand this release. I am of lawful age and legally competent to make this agreement. I understand that I am waiving any and all claims I or the Children may have against ASDE, its officers, directors, agents, representatives, heirs and employees as the result of participation in the Activity.

**THIS IS A RELEASE. READ CAREFULLY BEFORE SIGNING.**

<b>WITNESS</b> X	<b>PARENT SIGNATURE</b> X	<b>DATE</b> / /
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