

**\*\* 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 2 CONTRACT

Office Location: 75 April 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 \_\_\_\_\_

Address \_\_\_\_\_  
First Middle Last

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

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

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

All Star Driver Education, Inc. (ASDE) will provide a minimum of 6 hours of classroom 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 Level One Learner's License to be kept by the school; it *will not be returned to the student*. **Verification by the student's Level 1 License 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 begun the class. 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:** Due to the brief length of Segment 2, students are not allowed to miss any classroom session. If an emergency case arises you will be asked to retake the entire session at no extra charge.


**Materials:** A photocopy of the students Level 1 License is required on the first day of class, in addition to this contract and any tuition owed. A minimum of 30 hours of supervised driving, including two hours of nighttime driving, on a Level 1 license that has been held for at least three continuous months must be completed before a student can be accepted into Segment 2. Supervised driving is defined as driving with a licensed parent, guardian or parent designee age 21 or older. You must also present this log of supervised driving at the first day of class. If a Certificate of Completion is misplaced or destroyed, there is a \$30 fee to replace it.

**Requirements to Pass Segment 2:** As a student you will be required to participate in all 6 hours of class including any activities. You will also be expected to pass the State Test at the end of a session with a 70% or higher. If you do not pass the State Test you will be given a chance to take it again (3 attempts). 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 Credit Check/Money Order

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

School Representative Signature: 

**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.

**Optional Driving:**

While taking Segment 2 we offer an optional driving package option which consists of either 1 or 2 behind the wheel hours. Students will be picked up after scheduled after class or at a scheduled meeting place. Instruction will cover the Evaluation Drive Form. All Star will provide a certified instructor, instruction vehicle, and fuel for the driving. No instruction shall commence until the teen has paid in full and without their original permit in hand for each drive.

By signing this disclaimer, I hereby agree that my child is mentally and physically able to complete the optional behind-the-wheel training with a certified 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

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

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.

Parental Permission for Driver Education Instruction: I hereby give consent for my son/daughter, as stated above, to complete behind the wheel hours with 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.

PARENT NAME	PARENT SIGNATURE X	DATE / /
-------------	-----------------------	-------------

**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 \_\_\_\_\_

Is the student currently taking medication? Y / N

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

By signing below you agree that your student has completed a minimum of 30 hours of supervised behind the wheel driving, including two hours of nighttime driving, on a Level 1 license that has been held for at least three continuous months. This driving must be completed before your student can be accepted into a Segment 2 class. Supervised driving is defined as driving with a licensed parent, guardian, or parent designee age 21 or older.

PARENT NAME	PARENT SIGNATURE X	DATE / /
-------------	-----------------------	-------------

**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 \_\_\_\_\_ (Student). 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.**

WITNESS X	PARENT SIGNATURE X	DATE / /
--------------	-----------------------	-------------