

All Star Driver Education, LLC

Provider Certificate Number: P000265

Teen Segment 1 Contract

Program Number

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

Students Full Name: _____
(as reported on birth certificate) First Middle Last

Address: _____

City: _____ State: _____ Zip: _____ Birth Date: ____/____/____

Student Phone: _____ Class Location: _____

Class Dates: _____ Class Time: _____

All Star Driver Education, LLC (ASDE) will provide a minimum of 24 hours of classroom instruction, 6 hours behind-the-wheel instruction, and 4 hours of observation time with a certified Michigan Driver Education Instructor. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction should 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. Please note BTW instruction could take up to those 3 weeks depending on class size. **ASDE will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover 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. **The student must be 14 and 8 months by the first classroom session. Verification by birth certificate is required.**

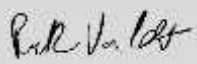
Refund Policy: No refunds are permitted once a student has begun the class. Refunds will be processed in full if a class/service is cancelled by ASDE. Refunds take 7-10 business days to process and will be returned back to the card used for original payment. No refund will be issued if the student is 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.

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, however, after the first absence there is a charge of \$30 per missed day (meaning missed day #2 and #3 you will be charged \$30 to make them up). If an absence occurs the student is expected to make up the missed material in the next month's session (example: if you missed day 5, you must make up day 5). You will not receive your Certificate of Completion until you do so. If you no-show or are more than 10 minutes late for a drive time you will be subject to a \$30 no-show fee. It is imperative that students arrive on time for their scheduled drive time. A 48-hour notice is required to cancel and reschedule a drive time, if you cancel with less than 48-hours before your drive time, you will be charged a \$30 late rescheduling fee.

Materials: You will be provided a textbook for this class; each student can keep their textbook. If a physical textbook is misplaced during Segment One, an additional book may be purchased for \$30.

Requirements to Pass Segment I: The student will be allowed up to 3 attempts to pass the State Exam, which requires a score of at least 70% or higher (having answered 56 or more of the 80 questions correct). 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. **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.** 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. **If you do not finish the entire course (classroom, behind the wheel, observations, course work, test) within 3 weeks from the last day of class, at no fault of ASDE, you will not be allowed to finish and you will be required to retake the entire course at 50% of the current cost.**

The Parent or Legal Guardian agrees to pay the total amount of \$ _____ which needs to be paid before the 1st day of class by Cash, Check, Credit, Card, or Money Order.

PARENT/LEGAL GUARDIAN NAME	PARENT/LEGAL GUARDIAN SIGNATURE X	DATE / /
STUDENT NAME	STUDENT SIGNATURE X	DATE / /
SCHOOL REPRESENTATIVE SIGNATURE X		DATE / /

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 DES-P011 Statement of Complaint form found at; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.

Additional Information Required:

Emergency Contact: _____ Relationship: _____ Telephone: _____

(OTHER THAN PARENT/GUARDIAN)

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 the answer to any of the above questions 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.

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

Is the Student's visual acuity at least 20/40 corrected? **Y / N**

By signing below you are agreeing that your student has been administered a vision screening test by a physician and received visual acuity score of at least 20/40 corrected vision.

PARENT/LEGAL GUARDIAN NAME	PARENT/LEGAL GUARDIAN SIGNATURE X	DATE / /
PARENT/LEGAL GUARDIAN ADDRESS		PARENT/LEGAL GUARDIAN PHONE

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.

STUDENT SIGNATURE X	DATE / /
PARENT/LEGAL GUARDIAN SIGNATURE X	DATE / /
SCHOOL REPRESENTATIVE SIGNATURE X 	DATE / /