

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

ALL STAR DRIVER EDUCATION, INC.

Provider Certificate Number: P000265

ADULT SEGMENT 1
CONTRACT

OFFICE USE
ONLY

PROGRAM NUMBER

Office Location: 75 Aprill Drive, Ann Arbor, MI 48103 Hours: M-F 9-5pm (734) 665-7374 (800) 967-7719
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: ___/___/___

Day Time Phone: _____ Evening Phone: _____ E-Mail: _____

Temporary Instruction Permit # _____

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. 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 Temporary Instruction Permit to be kept by the school; *it will not be returned to the student. Verification by permit is required.*

REFUND POLICY: ALL refund requests for all services offered are charged a \$5 processing fee. No refunds will be given after the first day of class. Refunds will be processed in full if a class/service is canceled by ASDE. Refunds take 2-3 weeks to process and will be in the form of a check. 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 missed driving. 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 is it 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.

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. You will be expected to complete all chapters of reading and activities assigned to you throughout the session.

I have read and understand the above policies and procedures to take part in this program provided by All Star Driver Education, Inc. I also understand that any student over the age of 18 years must present a copy of their valid Michigan Temporary Instruction Permit on the first day of class.

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

STUDENT NAME	STUDENT SIGNATURE X	DATE / /
ADDRESS		PHONE

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.

STUDENT NAME	STUDENT SIGNATURE X	DATE / /
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Additional Information Required:

Family Doctor _____ Telephone _____

Does you have any physical and/or mental and/or learning disabilities that All Star Driver Education, Inc. should be aware of? Y / N If yes, please explain _____

Are you currently taking medication? Y / N If yes, please explain _____

Does you wear corrective lenses? Y / N _____

By signing below you are agreeing to/verifying that your visual acuity is 20/40 corrected or better to obtain an unrestricted license. Have you ever taken Driver's Education before? _____ Have you ever had a license suspended or revoked? _____

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.

PARENT SIGNATURE	DATE
X	/ /

RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

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

In consideration of my participation in driving instruction and/or road testing and any and all events or activities in relation thereto (collectively the "Activity") permitted by All Star Driver Education, Inc. ("All Star") and with the understanding that my participation in the Activity is only on the condition that I enter into this agreement for myself, my heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity in which I may participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death), property damage and accidents which may occur as a result of my participation in the Activity and release from liability All Star, its and their officers, directors, agents, representatives, heirs and employees. I hereby waive any and all claims I may hereafter have as a result of any and all injuries disease or sickness (including death) to my person or property as a result of my 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 injured as a result of any injury, sickness or disease (including death) to me or my property which may occur as a result of or during the Activity. I understand that the Activity may be inherently 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 may have against All Star, its officers, directors, agents, representatives, heirs and employees as the result of my participation in the Activity.

THIS IS A RELEASE. READ CAREFULLY BEFORE SIGNING.

WITNESS	PARENT SIGNATURE	DATE
X	X	/ /