

Burcham Driving School, LLC.

Classroom and Office Location and Mailing Address: 5025 W Saginaw St, Ste 9B • Lansing • MI • 48919
(517) 649-0083

State Certification # P000738 • Office Hours: By Appointment • DBA Burcham Driving School
ADULT BTW CONTRACT

Student: (last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ D.O.B.: _____

Temporary Instruction Permit (TIP) #: _____ TIP Issue Date: _____ Cell # _____ :

Dates/Times of BTW Instruction: _____

ADULT BTW PROVISIONS

1. **Burcham Driving School, LLC. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.**
2. **The Student must be at least 18 years of age by the first day that BTW instruction is given. Verification by a copy of the temporary instruction permit is required.**

ADULT BTW TERMS

The Student agrees to purchase: **4 hours or 6 hours or 8 hours or 10 hours** instruction at **\$65.00** per **(1) hour** of BTW instruction for a total of: **\$_____**. The total amount must be paid on or before the first BTW instruction in the form of; cash, check, or credit card.

4 Hours of instruction: \$300.00
6 Hours of instruction: \$450.00
8 Hours of instruction: \$600.00
10 Hours of instruction: \$750.00

A fee of \$30.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation

REFUND POLICY

1. After the beginning of BTW instruction, no refund shall be given.

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)? Yes No If Yes, please explain: _____
2. 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: _____
3. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes No If Yes, please explain: _____
4. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes No

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-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.

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5. 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

Liability:

As part of consideration in the payment and providing of services here to, all enrolled students agree to hold harmless & indemnify Burcham Driving School, LLC, its employees & agents from any and all actions, conduct, errors & omissions. Automobile, fully insured, covering the enrolled students

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

Date: _____ Student Signature: _____

Date: _____ Burcham Driving School LLC By: _____ Owner/President
(_____ Provider Name _____ Signature of Provider Owner _____ Title)