

Burcham Driving School, LLC.

Classroom and Office Location and Mailing Address: 5025 W Saginaw St, Ste 9B • Lansing • MI • 48919

(517) 649-0083 • DBA Burcham Driving School

State Certification # P000738 • Office Hours: By Appointment and Monday 11am to 2pm

TEEN SEGMENT 1 CONTRACT

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

Address: _____ City: _____ Zip: _____

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

Parent/Legal Guardian's Name: _____ Parent's/Legal Guardian's Phone #: _____

Parent/Legal Guardian's Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Dates of Class: _____ Class Time _____

Verification of Birth Certificate (office use)

TEEN SEGMENT 1 PROVISIONS

1. Burcham Driving School, LLC. will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time with a certified Michigan Driver Education Instructor.
2. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall 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.
3. 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.
4. The Student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate is required.

TEEN SEGMENT 1 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$450 on or before the first day of class in the form of; cash, check, or credit card.
2. The Student may miss up to 2 days of the course; the missed classroom must be made up in the next course.
3. A fee of \$30.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation, the drive will have to be made up before the student can complete the course.
4. A fee of \$30.00 will be charged for each lost or damaged textbook.
5. A fee of \$20.00 will be charged for each request for a replacement of a Segment One Completion Certificate and may take up to a week to receive the certificate.
6. Extra hours of drives may be purchased for \$60.00 per hour.

REQUIREMENTS TO PASS THE COURSE

1. The Student must complete the State Exam with a grade of at least 70%.
2. The Student is allowed up to three attempts to pass the State Exam, which requires a minimum score of at least 70%.
3. The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA).

REFUND POLICY

A full refund shall be given until the second day of class is complete, after the second day of class is complete no refund will be given.

1. If the student fails to pass the written test the student may retake the class at a reduced rate of \$330.00
2. Teens that cannot participate appropriately in class or on drives will be dropped from the class with no refund but may be able to participate in a future class according to the judgment of the instructor.
3. Any student found with alcohol, tobacco, illegal drugs, or an electronic cigarette (vaping) will be dropped from the class with NO refund given.

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.

By signing this, 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Burcham Driving School, LLC _____ Owner

We try to do all drives in groups of 2 or 3 students, but because of no shows, scheduling conflicts, and emergency situations if the above waiver is not signed we will require a parent or legal guardian to stay with the student if one of the students do not show up for the drive.

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes No If Yes, please explain: _____
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes No If Yes, please explain: _____
3. 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: _____
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes No If Yes, please explain: _____
5. Is the Student's visual acuity at least 20/40 corrected? Yes No
6. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes No
7. 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

"If the answer to question 5 is No and/or if the answer to questions 6 and 7 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Burcham Driving School, LLC: _____ Owner/President

Provider Name

Signature of Provider Owner

Title

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.

Classroom and Driving Rules:

1. Any damage done by a student to Burcham Driving School property, buildings, or surrounding businesses will result in the student being immediately dropped from the course with NO refund given. Any payment necessary for the damage will be the responsibility of the student and/or parent. Criminal activity will be reported to local authorities and the student’s parent/guardian.
2. Students will be responsible for having their classroom materials with them each day along with any pencils or notepads they may want.
3. Students must pay attention while in class and on drives. Excessive talking, profanity, shouting, cell phone usage or sleeping may impact them passing the class.

Parent Permit (“Pink Slip”)

After a student successfully completes 10 hours of class and 2 hours of BTW instruction. They may receive a parent permit based on the instructor’s observation and best judgement.

Parent Permit Rules:

1. Students may not drive out of state with the Parent Permit.
2. Student must have a licensed parent or legal guardian in the front seat.
3. Student must keep the Parent Permit with them when they drive.
4. There may be additional passengers in the vehicle along with the parent.
5. All Parent Permits will be collected at the end of the class.

Completing a Segment 1 class:

When the student completes a Segment 1 course, they will receive a *Segment 1 Completion Certificate*. This certificate must be brought to the Secretary of State for the student to receive a Level 1 License.

Liability: As part of consideration in the payment and providing of services here to, all enrolled students, parent & guardians 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.

WE, UNDERSTAND THE CONTRACT LISTED ABOVE AND AGREE TO ALL OF THE TERMS

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Segment 1 Payment \$450 Amount Paid: _____ **Balance Due:** _____

Cash ___ **Check** ___ **Money Order** ___ **Online Payment** ___ **Program Number** _____

Student Name _____

Amount Paid _____

Amount Owed _____

Date _____

Signature
