



## Driver Education

Program certificate # P000601  
Fenton High School  
3200 W. Shiawassee Ave.  
Fenton, MI 48430  
810-591-2930 810-625-0985

### Segment 1 Contract

After registering online, complete this contract (including signatures). Bring to first day of class, along with copy of birth certificate (copy will not be returned!).

Please write session start date: \_\_\_\_\_

Students will also drive 6 hours with partner, to be scheduled individually with instructor. (6 hours per partner, for a total of 12 hours in the vehicle).

Student name \_\_\_\_\_  
Last first middle age birthdate

Address \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

Preferred phone (parent) \_\_\_\_\_

Parent's name \_\_\_\_\_ Parent email \_\_\_\_\_

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, an interpreter, seating arrangements, etc.)? Yes\_\_\_ No \_\_\_

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

2. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, 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 describe \_\_\_\_\_

4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss)? Yes \_\_\_ No\_\_\_

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

5. Is the student's visual acuity at least 20/40 corrected? Yes\_\_\_ No\_\_\_

6. In the last 6 months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes\_\_\_ No\_\_\_

7. In the last 6 months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely? Yes\_\_\_ No\_\_\_

**If the answer to question 5 is no, or either of questions 6 or 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 257.09.**

**Course provisions**

Fenton Area Driver Education will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel instruction, and 4 hours of observation in a dual controlled automobile, fully insured, covering each student enrolled in the program. Classroom instruction must be a minimum of 3 weeks in length. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and will be completed no later than 3 weeks after the classroom instruction has been completed.

**Required language**

**Notice: this provider is required to be licensed by the secretary of state. If you have a complaint which you cannot first settle with this provider, write: Michigan Dept. of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.**

**Terms**

1. The student must be at least 14 years/8 months of age by the first scheduled day of class (verification by birth certificate required).
2. The parent or guardian agrees to pay the amount of \$340.
3. Requirements to pass the course: a) completion of all work packets before test day  
b) passing score of at least 70% on state test  
c) successful completion of all 6 drives
4. In the event that a driving appointment is cancelled unexcused, make up drives will be scheduled at instructor's availability. **In the event of two or more unexcused missed drives, student will be charged a \$25 fee for rescheduled drives.**
5. 100% attendance is required for all students. All missed classes must be made up with instructor.
6. In the event that the student is unable to pass either portion of the class, student will be offered the course again at no charge. Parent should contact SLPR to secure space in another session.

**BEHIND THE WHEEL INSTRUCTION AGREEMENT and SOUTHERN LAKES PARKS & RECREATION HOLD HARMLESS WAIVER**

By signing below, you are agreeing to all terms listed above for segment 1 driver education. I, we the above named or the parents(s) of the above named, a candidate for a position in the Southern Lakes Parks & Recreation program, hereby agree to give my/our approval to participate in any and all activities, including transportation to and from activities. I, we know that participation in any recreational program may result in serious injuries and/or death that protective equipment does not prevent all injuries to participants, and do hereby waive, release, absolve, indemnify and agree to defend and hold harmless Southern Lakes Parks & Recreation, its Board of Directors, Organizers, Sponsors, Staff, Volunteers, other participants and any other persons transporting myself or my/our child to and from activities and any claim arising out of any injury to myself or my child whether the result of negligence or any other cause. I understand that photographs/video may be taken and approve of them being used for promotional reasons in various media areas. Southern Lakes Parks & Recreation is not responsible for lost/damaged/stolen personal items.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge. I agree to all terms, including Hold Harmless Waiver.

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parent signature

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student signature

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Date

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Driver Education Coordinator signature

By signing below, I authorize a certified instructor employed by SLPR to offer my child on-the-road driving instruction without another passenger in the vehicle when/if necessary.

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signature of parent

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signature of instructor if applicable