

HUMPHREY'S DRIVER TRAINING & TESTING (DBA)

Location: 2089 Corunna Avenue

Humphrey Enterprises, Inc. Phone: 989-723-7176 Humphreydrive.com Office hours by appt.: M-TH 9-5 F-Sat 9-4

Owosso, Michigan 48867

Department of State Certification P000421 School Code B72

Date Rec'd _____
Contract Ent'd _____ Payment Ent'd _____
Receipt <input type="checkbox"/> B.C. <input type="checkbox"/> P/S Meeting _____
Class Fee \$369.....PIF <input type="checkbox"/> _____
Book New \$25 <input type="checkbox"/> rec'd <input type="checkbox"/> Used \$15 <input type="checkbox"/> rec'd <input type="checkbox"/>
Deposit \$200 _____ or _____
Cash <input type="checkbox"/> Credit/Debit <input type="checkbox"/> _____
<i>Office use only</i>

Date Class Begins: _____ **SEGMENT 1 CONTRACT**

STUDENT NAME _____
Male or Female First _____ (full) Middle _____ Last _____ Age * _____ Date of Birth _____

Parent(s) Name _____

Address _____ City _____ Zip _____

Home Phone: (____) _____ Work Phone (____) _____ Cell _____

Emergency Contact: _____ Phone: _____

Which high school does your child attend? _____

***Student must be 14 years and 8 months by the 1st day of class**

Where did you hear about Humphrey's? (check all that apply)
School Our Website Friend/Family Secretary of State Flyer Newspaper Other _____

COURSE PROVISIONS

Humphrey's Driver Training School will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time 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. BTW instruction must be completed no later than 3 weeks after the classroom instruction.

HEALTH CONCERNS

- Does the student require any special accommodations to participate in the classroom phase? (i.e., test read to him/her, seating arrangements, etc.) Yes ___ No ___
- Does the student require any special accommodations to participate in the behind-the-wheel phase? (i.e., adaptive devices, etc.) Yes ___ No ___
- Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes ___ No ___
- Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction? (epilepsy, asthma, color blindness, hearing loss) Explain: _____ Yes ___ No ___
- Is the student's visual acuity at least 20/40 corrected? Yes ___ No ___
- Has the student taken a vision test within the last six months? Yes ___ No ___
- In the last six months, has the student had a fainting spell, blackout, seizure, or uncontrolled loss of consciousness? Yes ___ No ___
- In the last six 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 3, 4 or 7 is YES, or 5 is NO 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.

OVER ⇨

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 \$369 plus Book Fee. (Cash, Credit, or Debit)
A deposit of \$200 is required for enrollment in the class along with the contract and a copy of the birth certificate.
The remainder can be paid during the 4 weeks of class but must be paid in full before the final exam.
\$30 WILL BE CHARGED FOR ALL RETURNED CHECKS.
3. Requirements to pass the course: 24 hours of classroom -20 in class assignments –vehicle compartment drill- 6 hours behind-the-wheel and 6 hours of observation time in a dual controlled automobile with a certified instructor- and a score of 70% or more on the STATE TEST.
4. In the event the student does not pass the STATE TEST, the student may retake the test for \$40.
5. A charge of \$20 will be added for any “no show” on the drive schedule. Extra drives beyond the 6 hours are \$30 a drive.
6. In case of a student’s absence or emergency there is one free make up class.
7. A new textbook, MICHIGAN Traffic Safety Education is \$25.
8. A \$20 fee will be charged for any replacement certificate issued.
9. Segment 2 cost is \$60. Price is subject to change.

**** RESERVATION IS NOT FINAL UNTIL THE CONTRACT & DEPOSIT ARE SUBMITTED TO THE OFFICE ****

Behind-the-wheel driving for teens is scheduled with two students in the car at the same time under the supervision of a licensed driving instructor. If unforeseen circumstances arise, however, I give permission for my student to drive with the driving instructor, unaccompanied by another student.

I agree to the above

I do not agree to the above

Parent Signature _____

REFUND POLICY

If a student **cancels** before the **first day** of class, 100% of the fee paid will be refunded. **NO refund** will be given after the **first day** of class.
In case of misconduct, no refund will be given and the student may be expelled.

Notice: This provider is required to be licensed by the Michigan Department of State. If you have a complaint which you cannot settle with this school, write: Michigan Department of State, Driver Programs Division, Lansing, Michigan 48918.
“Completion of driver training instruction does not guarantee qualification for a driver license.”

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.
AGREEMENT: I agree to all terms stated above.

Student Signature

Parent or Legal Guardian Signature

Date

Humphrey Enterprises Inc., Official

Date