**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 ☐ B.C. ☐ P/S Meeting\_\_\_\_\_\_\_\_

**Class Fee $375......PIF** ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Book *New $25*** ☐ *rec’d*☐ ***Used $15*** ☐ *rec’d* ☐

**Deposit $200\_\_\_\_\_\_\_\_**or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cash** ☐ **Credit/Debit** ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office use only*

**Date Class Begins**: \_\_\_\_\_ **SEGMENT 1 CONTRACT**

STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

First (full) Middle Last Age \* Date of Birth

Male or Female

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 School Our Website Friend/Family Secretary of State Flyer Newspaper Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

about Humphrey’s?

(check all that apply)

**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***

**1. 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 \_\_\_\_**

**2. Does the student require any special accommodations to participate in the behind-the-wheel phase?**

**(i.e., adaptive devices, etc.) Yes \_\_\_\_ No \_\_\_\_**

**3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes \_\_\_\_ No \_\_\_\_**

**4. Are there any medical conditions that would pose a concern with the student’s behind-the-wheel Yes\_\_\_\_ No \_\_\_\_**

**instruction? (epilepsy, asthma, color blindness, hearing loss) Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**6. Has the student taken a vision test within the last six months? Yes \_\_\_\_ No \_\_\_\_**

**7. In the last six months, has the student had a fainting spell, blackout, seizure, or uncontrolled loss of Yes \_\_\_\_ No \_\_\_\_**

**consciousness?**

**8. 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).

1. The parent or guardian agrees to pay the amount of $375 plus Book Fee. (Cash, Check, Credit/Debit)

A deposit of $200 is required for enrollment in the class along with the contract and a copy of the birth certificate.

FINAL PAYMENT IS DUE BEFORE THE FINAL EXAM. $30 FEE 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.

1. In case of a student’s absence or emergency there is one free make up class.
2. A new textbook, MICHIGAN Traffic Safety Education is $25.
3. A $20 fee will be charged for any replacement certificate issued.
4. Segment 2 cost is $65. 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**