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				
				Payment Ent'd
				B.C. P/S Meeting DPIF
			 	book rec'd \(\sigma \)
Date Class Begins:	SEGMENT 1 CO	NTRACT_		□ or
_				Credit Credit Credit
				Office use only
STUDENT NAME				
	First (full) Middle	Last		Age * Date of Birth
Male \Box or Female \Box				
Parent(s) Name				
Address		City		Zip
Phone(s)	Work Phone		Student Cell_	
Emergency Contact		Phone		
Which high school does	your child attend?			
*Student must be 14 years	and 8 months by the 1st day of clas	<u> </u>		
Where did you hear So	chool Our Website Friend/Family Se	cretary of State Flyer	Newspaper C	Other
_		$\dot{\Box}$	Ė.	
(check all that apply)			_	_
	COURSE PROVISI	ONS		
Humphrow's Driver Tree	ining School will provide a minim		locanoom inatm	action 6 hours of
	instruction, and 4 hours of observ			
	ident enrolled in the program. Cla			
	on shall not begin until the student			
instruction. B1 w instruc	tion must be completed no later th	ian 5 weeks after in	ie ciassroom in	struction.
HEALTH CONCERNS				
	any special accommodations to particip	ate in the classroom p		
(i.e., test read to him/her,	seating arrangements, etc.)			Yes No
	any special accommodations to particip	ate in the behind-the-	•	Was No
(i.e., adaptive devices, etc.))			Yes No
3. Is the student taking any m	nedications that may affect his/her abil	lity to drive a motor ve	ehicle safely?	Yes No
	,,,,,,,,	,	,	
4. Are there any medical cond	ditions that would pose a concern with	the student's behind-	the-wheel	Yes No
instruction? (epilepsy, asth	nma, color blindness, hearing loss) Expl	ain:		
5. Is the student's visual acuit	ty at least 20/40 corrected?		·	Yes No
6 Has the student taken a vis	sion test within the last six months?		,	Yes No
o. Has the student taken a VIS	mon test within the last six indithis?			163 140
7. In the last six months. has	the student had a fainting spell, blacko	out, seizure, or uncontr	rolled loss of	Yes No
consciousness?		,		
8. In the last six months, has	the student had a physical or mental co	ondition which affecte	d his/her	
ability to drive a motor veh	nicle 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.

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 \$400 plus Book Fee. (Cash, Check, Credit/Debit)

 A deposit of \$300 is required for enrollment in the class along with the contract and a copy of the birth certificate.

 FINAL PAYMENT IS DUE THE WEEK 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 <u>STATE TEST</u>.
- 4. In the event the student does not pass the <u>STATE TEST</u>, the student may retake the test for \$40.
- 5. A \$20 charge 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 is \$25.
- 8. A \$20 fee will be charged for any replacement certificate issued.
- 9. Segment 2 class is an additional fee.

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

an and a	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 (minus any card fees, if paid by credit/debit card). **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						

