



Fenton Area Driver Education

Through Southern Lakes Parks & Recreation

Fenton High School
3200 W. Shiawassee Ave.
Fenton, MI 48430
810-591-2930

Segment 1 Contract: Spring 2012

Program # 0212

Classroom Location: FHS or AGS rooms to be determined (report to FHS
lecture room for first day of class)

Program certificate # P000253

Class meetings: 2:35 – 4:35 p.m.

**Monday, 2/27, Wednesday, 2/29,
Monday, 3/5, Wednesday, 3/7,
Monday, 3/12, Wednesday, 3/14,
Monday, 3/19, Wednesday, 3/21,
Monday, 3/26, Tuesday, 3/27, Wednesday, 3/28, Thursday, 3/29**

Students will also drive 6 times with a partner, to be scheduled individually with instructor.

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 \$295 **by Wednesday, 3/21. \$50 deposit required for enrollment.**
3. Requirements to pass the course: a) in-class quiz average at least 80%
b) completion of all work packets before test day
c) passing score of at least 70% on state test
d) 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.

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

This agreement provides that Fenton Area Driver Education shall not have less than two students in the vehicle used by the student or customer during behind-the-wheel instruction. 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.

Parent signature _____ student signature _____

Date _____

This form must be accompanied by a copy of the student birth certificate for the student to be enrolled. Copies will not be returned.

Payment options:

Registration & payment can be done at Southern Lakes Parks & Recreation or Fenton High School offices, or mailed to the address on page 1. The following forms of payment are accepted:

1. Master Card or Visa

Card type: _____ Card # _____

Expiration: _____ Amount \$ _____ (total class fee \$295)

Signature: _____

2. Check made out to Southern Lakes Parks & Recreation

3. Cash

Please remember, we cannot enroll without minimum \$50 deposit.

If you are not paying the full balance at enrollment, proceed to page 4 for payment plan agreement. Your credit card will automatically be charged your remaining balance if full payment not received by Wednesday, 3/21.

Do not complete this page if paying full balance at enrollment.

Payment Plan Agreement

Southern Lakes Parks & Recreation (SLP&R) has agreed to allow incremental payments on your account for participation in **Driver Education Segment 1**.

Name of Participant:

Person Responsible for payment:

Name:

Address:

Phone: _____

Email Address: _____

Credit Card: _____ *Expiration Date:* _____

I, the undersigned, agree to pay SLP&R in full all balances due on my account. Furthermore, I authorize SLP&R to charge my credit card listed above for any unpaid balance on my account for the above mentioned program.

The amount will not exceed: **\$295**

Signature: _____ *Date:* _____