## Dickinson Area Driving School, Inc.

Contract #
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940 Ford St, Kingsford, MI 49802
Phone: (906) 828 - 1945
License #P000029 Program #S2.06.03.24
Business Hours: M-F 9 am – 5 pm (Central Time)

\*Hereinafter known as DADS

## **SEGMENT 2 CONTRACT**

## UNDER 18 APPLICATION AND AGREEMENT FOR DRIVER EDUCATION AND TRAINING (14 years 8 months through 17 years of age)

Classroom instruction will be held at Iron Mountain High School, classroom A27 (basement class).

Class Dates (three 2-hour classes):

1. Monday, June 3, 2024 (6-8pm) 2. Tuesday, June 4, 2024 (6-8pm) 3. Wednesday, June 5, 2024 (6-8pm)

\*\*\*Level one license issue date must be before March 2, 2024 to be eligible.\*\*\*

*** (must include) Drivers License #			**** —	
Printed Student Name: First	Middle	Last		
Student Address:		For Office Us	For Office Use	
		Payment Typ	pe Amount	
Student Telephone Number ()		Check#	\$	
onth Date. Month Day	real	Cash	\$	
Print Parent Name:	Parent Email _			
Parent Address:				
City:				
Parent Phone Number: ()	-			
Emergency Contact Person (other than parent/guardian):		Phone:	Phone:	
EEN SEGMENT 2 PROVISIONS				
A driving log was presente Parent or Student initials  3. The Student must have held a Parent or Student initials EEN SEGMENT 2 TERMS	a Level 1 License for not less tha	efore the first classroom session.  2 Instructor initials in 3 continuous months.(issue of the first and the first are the		
2. The Student must attend all classes				
3. A \$50 nonrefundable deposit will be	e charged if a person backs out of the o	class 5 days before the class begins.		
REQUIREMENTS TO PASS THE COURSE  1. The Student must complete all home	ework and receive an overall grade of 80	0% on daily guizzos/tost		
<ol> <li>The Student must complete all norm</li> <li>The Student will be allowed up to th</li> </ol>				
EFUND POLICY				
Once the class begins, NO REFUND s	hall be given.			
	l accommodations to participate in the	classroom phase (e.g., test being read,	, interpreter, etc.)? Yes □ I	
f Yes, please explain:				
Date: Student Signat	ure:			
Date: Parent/Legal G	uardian Signature:			
Date: Dickinson Area Driving School, In	c. By:	Owner/Pro	<u>esident</u>	
Provider Name Signatu	re of Provider Owner	Title		

NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the DES-P11 Statement of Complaint form found on the Department of State website; <a href="Michigan.gov/DriverEd">Michigan.gov/DriverEd</a>. Completion of driver education instruction does not guarantee qualification for a driver license.