



TOP DRIVER ACQUISITIONS LLC.

38810 Ryan #107 ~ Sterling Heights, MI 48310 ~ 1.800.374.8373

Department of State Certification #P000340 ~ Office Hours Monday – Friday 9:00 AM – 6:00 PM

PROGRAM NUMBER:

TEEN SEGMENT 1 CONTRACT

CLASSROOM LOCATION:

STUDENT: (LAST)

(FIRST)

(MIDDLE)

ADDRESS:

CITY:

ZIP:

HOME PHONE:

AGE:

DATE OF BIRTH:

PARENT ADDRESS: (IF DIFFERENT)

CITY:

ZIP:

EMERGENCY CONTACT:

PHONE:

TIME:

TEEN SEGMENT 1 PROVISIONS 1. Top Driver Acquisitions LLC, will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time provided by a certified Michigan Driver Education Instructor. 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 classroom instruction has completed. 2. Top Driver Acquisitions LLC will conduct BTW in a dual-controlled automobile that is fully insured to cover each student enrolled in the program. 3. The student must be at least 14 years and 8 months of age by the first day of a Segment 1 class. Verification by birth certificate is required.

TEEN SEGMENT 1 TERMS 1. The parent or Guardian agrees to pay the total amount of \$325.00 on or before the first day of class. Top Driver accepts checks and credit cards. Failure to pay in full by the first day of class will result in an additional \$25 added to the remaining balance. 2. A \$25 fee will be charged for all returned checks. 3. A minimum \$100 non-refundable deposit is required to enroll. 4. Full payment is required to schedule in-vehicle training. 5. Full payment is required for other programs. 6. A 24 hour clock-hour notice is required in order to cancel an in-vehicle lesson. A \$35 late cancel/rescheduling fee will be charged if 24-hour notice is not received. If a student is not present after 10 minutes from the scheduled start time, this constitutes a "no show" and will be subject to a \$35 rescheduling/no show fee. 7. \*\*Top Driver will not refund \$100 pf the payment under any circumstance. 8. Parents bear the responsibility for the timely drop off and pick up of students for driver education. Top Driver instructors are not responsible to stay with students awaiting pick up. Students are not permitted to remain in the classroom after class without instructor permission.

CLASSROOM INSTRUCTION 1. Classroom rules are posted in each Education Center and on our website. Parents will be notified the first time a student fails to follow these rules. Subsequent violations may lead to expulsion, which will result in forfeiture of all amounts paid to date. 2. The final State exam may be taken only after all other days of class have been attended. 3. Minimum passing score is 70% on the final State exam. 4. Students will be given 2 additional attempt to pass. 5. All missed classes must be made up

IN-VEHICLE TRAINING 1. Students must wear required glasses or contacts during BTW. 2. Students are required to wear closed toe shoes during BTW (no flip flops). 3. Students must pass with satisfactory or higher, all BTW performance objectives.

BTW WAIVER 1. By signing below, I (Printed name of parent/guardian) \_\_\_\_\_, authorize Top Driver Acquisitions LLC to allow a Top Driver certified instructor to offer my student in-vehicle instruction without another passenger in the vehicle. I understand that my; son/daughter must still complete at least 4 hour of observation as a passenger in a driver education vehicle being driven by another driver education student.

REFUND POLICY If for any reason you decide to withdraw from the program your refund will be prorated based on based on number of classroom sessions and BTW lesson provided. Top Driver will not refund \$100 pf the payment under any circumstance.

DATE: PARENT/GUARDIAN SIGNATURE:

DATE: STUDENT SIGNATURE:

DATE: TOP DRIVER ACQUISITIONS LLC x INSTRUCTOR PROVIDER NAME SIGNATURE OF PROVIDER/ REPRESENTATIVE 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 Driver Education Complaint form found on the Department of State website; www.michigan.gov/teendrivers. Completion of driver education does not guarantee qualification for a driver license.



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PROGRAM NUMBER: TEEN SEGMENT 1 REGISTRATION CLASSROOM LOCATION:

- 1. Does the student require any special accommodations to participate in the classroom phase? Y or N
If yes, explain:
2. Does the student require any special accommodations to participate in the BTW phase? Y or N
If yes, explain:
3. Is the student taking any medications that may affect his ability to drive a motor vehicle safely? Y or N
If yes, explain:
4. Are there any medical conditions that would pose concern with student’s BTW (epilepsy, asthma, color blindness, hearing loss) Y or N
If yes, explain:
5. Is the student’s vision acuity at least 20/40? Y or N
6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Y or N
7. In the last six month, has the student had a physical or mental condition which affected his ability to drive a motor vehicle safely? Y or N

\*\* IF THE ANSWER TO QUESTION IS 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 CORRECED AND/OR IS UNDER CONTROL, AND TH STUDENT MEETS THE PHYSICAL AND MENTAL REQUIREMENT FOR A MOTOR VEHCILE OPERATOR’S LICENSE UNDER SECION 309 OF THE MI VEHICLE CODE, 1949 PA 300. ,C; 257.309.

CERTIFICATION: I certify that all information contained in this document is true and accurate to the best of my knowledge.

Date: STUDENT SIGNATURE: x

Date: PARENT SIGNATURE: x

Date: TOP DRIVER ACQUISITIONS LLC. X INSTRUCTOR
PROVIDER NAME PROVIDER/REPRESENTATIVE SIGNAURE TITLE

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PROGRAM NUMBER: TEEN SEGMENT 2 CONTRACT CLASSROOM LOCATION:

STUDENT: (LAST) (FIRST) (MIDDLE)

ADDRESS: CITY: ZIP:

HOME PHONE: AGE: DATE OF BIRTH:

PARENT ADDRESS: (IF DIFFERENT) CITY: ZIP:

EMERGENCY CONTACT: PHONE: TIME:

TEEN SEGMENT 2 PROVISIONS

- 1. Top Driver Acquisitions LLC, will provide a minimum of 6 hours of classroom instruction provided by a certified Michigan Driver Education Instructor.
2. Classroom instruction shall not exceed 2 hours per day.
3. For a student to participate in Segment 2, a verification log must be received that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent or guardian (or parent designee) on a level 1 license, which has been held for not less than 3 continuous months. Verification log was presented to the Segment 2 instructor on or before the first classroom session. Parent initials Seg 2 Instructor initials

TEEN SEGMENT 2 TERMS 1. The parent/guardian agrees to pay \$59 on or before the first day of class in the form of check or credit card

CLASSROOM INSTRUCTION 1. Minimum passing score is 70% on the final State exam. 2. Student will be given 2 additional attempts to pass the test.

REFUND POLICY 1. If for any reason you decide to withdraw from the Segment 2 program before the first class no refund will be issued however student will be permitted to transfer to a different Segment 2 class start date. 2. If for any reason you decide to withdraw from the Segment 2 program after the start date, no refund shall be issued.

Date: STUDENT SIGNATURE: x

Date: PARENT SIGNATURE: x

Date: TOP DRIVER ACQUISITIONS LLC. X INSTRUCTOR
PROVIDER NAME PROVIDER/REPRESENTATIVE SIGNATURE TITLE

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