



**REFUND POLICY**

1. If for any reason you decide to withdraw from the course before its completion, your refund will be based on the following:
  - a. If withdrawal is after any driving has taken place, no refund will be given.
  - b. During the first two classes, if no behind the wheel lessons were taken, 25% of the total tuition is refunded.
  - c. Withdrawal after the second class, no refund will be issued.
  - d. Failure of the program, no refund.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
School Representative Signature

\_\_\_\_\_  
Date of Contract

**BEHIND-THE-WHEEL INSTRUCTION AGREEMENT:** Provider and customer must sign **one** of the following agreements. Abby Road Driving School makes every effort to always schedule 2 students at a time for behind-the –wheel instruction. There has been an occasion when one student fails to show up for their scheduled drive. By signing number 1 your student’s drive would have to be re-scheduled. Most parents sign agreement number 2.

1) On-the-road student instruction agreement.

This agreement provides that \_\_\_\_\_ shall have not less than  
Name of Provider  
two (2) students in the vehicle used by the student or customer during behind-the-wheel instruction.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

2) Parent waiver agreement for individualized on-the-road instruction.

By signing below, I, \_\_\_\_\_, authorize  
Printed Name of Parent/Guardian  
Abby Road Driving School to allow a certified instructor employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

SEGMENT 1 REGISTRATION FORM

Program # 2020-002

Please Print

STUDENT FULL NAME:

Last

First

Middle

ADDRESS:

CITY:

ZIP CODE: HOME P

Student's Cell:

BIRTHDATE: \_\_\_\_\_ Age:

Years Month

**VERIFIED BY BIRTH CERTIFICATE**

*Student must be at least 14 years and 8 months by the first day of class.*

PARENT/GUARDIAN'S NAME:

WORK PHONE:

EMERGENCY CONTACT:

PHONE

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 six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes No

7. 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 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 257.309.**

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Abby Road Driving, LLC  
505 6th Avenue  
Menominee, Michigan 49858  
(906) 914-8046

### **Guidelines for Classroom and In-Car Instructions**

**Textbooks:** Provided for you. If the book is not returned, or it is returned in poor condition, there is a \$25.00 book fee, which must be paid before your certificate will be issued.

- ~ DO NOT WRITE IN OR ON THE BOOK
- ~ Do not put papers or pamphlets in the book
- ~ take care not to bend or tear the book

**Drive Times:** Students must show up, on time, for every scheduled driving time.

- ~ No show fee: \$50.00 per appointment
- ~ 24 hour advanced notice is required to change an appointment

**Classroom Attendance Requirements:** Students may not miss any classroom time.

Classroom make up days will be scheduled during the next regularly scheduled course.

A fee of \$100.00 will be charged if a student wishes to schedule a make-up date immediately after the course.

**Homework Assignments:** Are to be completed on a daily basis, usually two chapters per day.

Questions are to be answered as assigned, in the provided Student Workbook. Assignments will be checked on a regular basis, and if found incomplete, students will be assigned an additional typed two page paper on traffic safety procedures. Workbooks will be collected on the last night of class, certificate will be withheld if workbook is not received.

**Food:** Beverages with closable container are allowed in the classroom.  
Food and candy are not allowed.

**Cell Phones:** Cell phones must be turned off during class and while in the car. Phones usage including talking, texting, game playing, ect. will not be tolerated. If the phone is used, it will be taken away by the instructor and a parent/guardian will be called to pick up.

**Behavior:** Along with driving, come responsibility. Inappropriate behavior affects all of our students, and it will not be tolerated. Behavior problems will result in an automatic dismissal without refund.

**Completing All Requirements:** The majority of students will be able to finish all parts of the Segment One Course within the scheduled four weeks. If a situation arises, you will have two weeks past the final day of class to complete any missed homework, student workbook assignment, missed classroom instruction or state test re-take.

**We, the undersigned, have read, understand and will comply with the guidelines.**

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Student Signature

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Parent/Guardian Signature

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Date

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