

Byron High School  
Drivers Education  
312 West Maple Avenue  
Byron, MI 48418  
(810) 266-4620

Office Hours: Monday – Friday, 7:30 am – 3:30 pm Provider Certification Number P000006

SEGMENT 2 CONTRACT

Program Number 18-10-08-S2 Classroom Location Byron High School Room 2

Dates of Class October 8, 9, 10, 11, MAKE UP DATE(S) October 12, 2018.

Student \_\_\_\_\_  
Name Last First Middle Age Date of Birth

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone (Parent or Guardian) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone (Parent) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**COURSE PROVISIONS**

Byron High School will provide a minimum of 6 hours of classroom instruction provided by a certified instructor.

**NOTICE**

**This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with this provider, write:**

**Michigan Department of State  
Driver Programs Division  
Lansing, MI 48918**

**Completion of driver education instruction does not guarantee qualification for a driver license.**

## TERMS

1. Students will be assessed a fee of \$45.00 for in district and out of district students. Checks or cash must accompany the application form to be considered for the class. Make checks payable to Byron Area Schools. Return contract and check or money by October 4, 2018 to Mr. Howard, or the Office.
2. Students must complete all assignments and pass the final test with 70% proficiency.
3. Attendance is mandatory. Missed classes may be made up ONLY at the discretion of the instructor. The instructor will assign dates and times.
4. Avoid being late to class. Tardiness is disruptive to the other students and to the learning environment. Two tardies will count as one absence.
5. Students will be given textbooks and class materials. Students are responsible for having their class materials, including paper, pencils, books, etc. with them for each class.
6. Students are expected to pay attention during class, and conversation between students is limited to times other than class time.
8. Sleeping is not allowed during class lectures and videos.
9. ATTITUDE and MATURITY are an important part of this course. Any student who is found to be DISRUPTIVE or DISRESPECTFUL to anyone associated with the drivers education program shall be dismissed by the instructor's discretion. The refund policy shall apply.
10. Replacement Certificates for Segment 2 that are lost, destroyed, stolen, or needed for road test purposes will be re-issued for \$10.00 each. This fee must be paid prior to the release of a duplicated certificate.
11. There is no cost for the textbooks and workbooks. If lost, the replacement cost is \$10.00.

## 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. Dropping or being dismissed from the program after the program begins but before completion of the second-class meeting, two-thirds of the cost of the program will be refunded.
  - b. Dropping or being dismissed from the program after completion of the third class meeting but before completion of the fourth class meeting, one-third of the total cost of the program will be refunded.
  - c. Dropping or being dismissed from the program after completion of the fourth class meeting, no refund will be given.

Student Signature	Parent or Guardian Signature
Joel Howard	September 27, 2018
Authorized School Official	Date of Contract

**I hereby verify that my student meets the states minimum requirements to take Segment 2 of driver's education. 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. Remember this means you must have driven 90 days on your level one license to take the class. On the first day of class you need to present your driving log or the app for logging in your hours of driving time this is new and mandated by the State of Michigan.**

Student Signature	Date
Parent or Guardian Signature	Date

**DO NOT WRITE BELOW THIS LINE**

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Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Cash or Check# \_\_\_\_\_

Student Name \_\_\_\_\_ Name on Check \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_