



DRIVER EDUCATION SEGMENT II PERMISSION SLIP

I, the undersigned, agree to pay Courtesy Driving School, Inc. _____ for the described driver's education course, which includes six hours of classroom instruction. This course is approved by the Michigan Department of State. Course will consist of 6 hours of classroom instruction and shall not exceed 2 hours of instruction per day. I understand that I can not miss any of the Segment II class sessions. I understand that when I attend an online driver education course through Courtesy Driving School the classes will be recorded, and I give my permission to be recorded in order to verify I have completed all of my course requirements.

GENERAL STATEMENT

In a classroom program such as this, a student will have to prepare for each lecture. If a student passes **all** of the lecture requirements, then the student may be permitted to receive his/her Michigan Driver Education Certificate of Completion. Student must attend all three class sessions of the course. If a student does not pass the driver's education Segment II classroom requirements, including 14 or more correct out of 20 questions on the State Test, they will be required to retake all three days at no additional charge.

For a student to participate in Segment II, verification must be received on the first day of class 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. I attest that my son/daughter has driven a minimum of 30 practice hours on their Michigan Graduated Level I Learner's License under my supervision including 2 hours at night. He/she has been driving on their Level I Learner's License for at least three (3) continuous months or more.

When enrolling online, student will provide information to facilitate in the creation of their certificate. Our website will request a student's legal name as it appears on their birth certificate and their birth date. If for any reason a student provides this information incorrectly by misspelling their name or giving an incorrect birth date, the certificate will be typed incorrectly. If such a situation occurs, there will be a \$10 fee to issue a replacement certificate.

Method of Payment: Upon enrollment in a course, payment must be made with a credit or debit card.

Classroom Conduct: I understand that I will be expelled from the course if I do not conduct myself properly while in or about the class facilities and show due respect to my instructors, as well as my fellow students. If I am expelled from the course, there would be no refund available.

Please bring with you to the first class session: Level I Learner's License, driving log, notebook, and pen or pencil.

Refunds: All enrollments and purchases are final. Due to limited class size, full payment is required to register. This payment is non-refundable. You may transfer to another class at no additional cost if you inform our office of the transfer at least 72 hours before your class start time. If you do not transfer your enrollment 72 hours prior to the course start time, there will be a no-show fee of 50% of your tuition.

Notice: This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with this school, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver's license. (Provider Certificate #: P000161)

Class Location: I understand the classroom sessions will be held at the following location: _____

Class Dates	Class Days	Class Times	Program Number
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NAME: _____ DATE OF BIRTH: _____
 First Middle Last

PARENT OR LEGAL GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ HIGH SCHOOL ATTENDING: _____

Are there any medical conditions that pose a concern with the student's behind-the-wheel instruction? Yes _____ No _____

If yes, please explain: _____

Student Signature		Date	Parent or Guardian Signature		Date
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 School Representative Signature

We are now scheduling for Road Tests. Call now for available dates and times.
 Office Hours: Mondays through Fridays -- 9:00 a.m. to 5:00 p.m.
PRE-REGISTER BY PHONE OR ONLINE TO SECURE YOUR SPOT IN OUR PROGRAM
Certified local instructors with FBI background checks every 4 years and physicals every 2 years