



Extreme Driving School, Inc.
 6201 Belrick Court NE
 Belmont, Mi. 49306-9768
 (616) 890-6995
 Mon-Fri 9:00 am - 3:00 pm
 ExtremeDrivingSchool.com

**Segment One
 Registration Form**

Department of State Certification # P000338

Please print

Student Full Name: _____
Last First Full Middle

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: ____ / ____ / ____ **VERIFIED BY BIRTH CERTIFICATE**

Must be at least 14 years
 and 8 months old by the
 first day of class.

Age as of Today: _____ Home Phone # _____

Parent / Guardian: _____ Alt Phone # _____

Emergency Contact: _____ Phone # _____

Relationship to Student: _____

Does the student require any special accommodations to participate in the classroom phase?
 (Test being read to him/her, need an interpreter, etc.) Yes _____ No _____

If yes, please explain: _____

Does the student require any special accommodations to participate in the behind-the-wheel phase?
 (Adaptive devices, interpreter, etc.) Yes _____ No _____

If yes, please explain: _____

Are there any medical conditions that would pose a concern during behind-the-wheel instruction?
 (Epilepsy, asthma, color blindness, hearing loss, etc.) Yes _____ No _____

If yes, please explain: _____

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

**If the answer to this question 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.**

Is the student's visual acuity 20/40 or corrected to at least that? Yes _____ No _____

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

 Student Signature

 Parent / Guardian Signature

 Date



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SEGMENT 1 CONTRACT

Rockford Freshman Center Room 116

Program Number # _____ Classroom Location: 4500 Kroes St. NE, Rockford, Mi. 49341
 (Class Number)

Dates of Class: _____

Student Name Last _____ Full First _____ Full Middle _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone (Parent or Guardian) _____

Parent's Name _____ Cell Phone (Parent) _____

COURSE PROVISIONS

Extreme Driving School, Inc. will provide 24 hours of classroom instruction, 2 hours maximum per day; 6 hours of behind-the-wheel (BTW) instruction, 1 hour maximum per day, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program. 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 the classroom instruction has been completed.

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 to: 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. The student must be at least 14 years and 8 months of age by the first scheduled day of class. (verification by birth certificate is required)
2. The parent or guardian agrees to pay SEGMENT ONE course tuition of \$ _____ which must be paid in full on or before the first scheduled day of class. No full or partial refund will be given after the first day of class. Fees are payable by cash, check, money order, or credit card. There is a \$25.00 returned check fee.
3. **Student must attend all scheduled classes as ATTENDANCE IS REQUIRED BY STATE LAW.**
4. The required score to pass the STATE TEST is 70% (56/80)
5. The cost of materials and supplies used in this course is included in the tuition fee listed above.
6. If a student loses, damages, or destroys the textbook used in this course, a replacement fee of \$25.00 must be paid before Segment 1 Completion Certificate will be issued.
7. There will be a \$25.00 cancellation fee charged for any drive time missed without prior arrangements being made.
8. In case of a students absence from class, the student will be allowed to make up class time during the next available session without charge. Class must be made up before Segment 1 Completion Certificate will be issued.

REFUND POLICY

If you withdraw from this course for any reason, no full or partial refund will be given after the first day of class.

Student Signature

Ken Noorman, President

Parent or Guardian Signature

School Representative Signature

Date of Contract

Behind-The-Wheel (BTW) Instruction Agreement.

Provider and customer must sign ONE of the following agreements.

1. Behind-The-Wheel student instruction agreement.

This agreement provides that **EXTREME DRIVING SCHOOL, INC.** shall have not less than two (2) students in the vehicle used by the student during Behind-The-Wheel (BTW) instruction.

Signature of Parent/Guardian

Date

Signature of Provider

2. Parent waiver agreement for individualized Behind-The-Wheel instruction.

By signing below, I, _____ hereby authorize
Printed Name of Parent/Guardian

EXTREME DRIVING SCHOOL, INC. to allow a certified instructor employed by the provider to offer my child Behind-The-Wheel instruction without another passenger in the vehicle.

Signature of Parent/Guardian

Date

Signature of Provider