



The Rite Way Driving School L.L.C.

P.O Box 303 Caledonia, MI 49316 • (616) 443-4972

State Certification # P000707 • Hours of Operation Monday – Friday, 9:00 a.m. – 5:00 p.m. Classroom

Location: Reflections Conference Room 2650 E. Beltline Ave SE Grand Rapids, MI 49546

TEEN SEGMENT 1 CONTRACT

Student: (last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ D.O.B.: _____

Parent/Legal Guardian's Name: _____ Parent's/Legal Guardian's Phone #: _____

Parent/Legal Guardian's Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Dates of Class: _____ (Parent Meeting) Time: _____ :

E-mail: _____

TEEN SEGMENT 1 PROVISIONS

1. The Rite Way Driving School 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 with a certified Michigan Driver Education Instructor.
2. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instructions shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed. BTW drive times will be scheduled by the school and will take place after classroom instruction or on days when there is no classroom instruction.
3. The Rite Way Driving School LLC. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.
4. The Student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate is required.

TEEN SEGMENT 1 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$450 on or before the first day of class in the form of; cash, check, or credit card*. (Deposits to hold seat are **NON-REFUNDABLE**)
2. The Student and at least one Family Partner must attend the mandatory Parent Meeting. Meeting will take place on Zoom or In Person. If on Zoom the link will be sent to the E-mail address on file.
3. The Student may miss class only for an illness or emergency with documented proof presented to the instructor. The student is required to make up the same class session missed (e.g., The student missed day 5 and must attend day 5 of the next available segment 1 course.)*
4. A fee of \$30.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation.*
5. A fee of \$50.00 will be charged for each lost or damaged textbook or workbook.
6. A fee of \$25.00 will be charged for each request for a replacement of a Segment One Completion Certificate.

REQUIREMENTS TO PASS THE COURSE

1. The Student must complete all homework and receive an overall grade of 70% on daily quizzes/test.*
2. The Student will be allowed up to three attempts to pass the State Exam, which requires a score of 70%
3. **The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.**

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 DES-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.



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REFUND POLICY

1. Before the beginning of the second class session, \$350.00 will be refunded (\$100.00 Deposits are **NON REFUNDABLE**)*
2. After the beginning of the third class session, no refund shall be given.*

BTW WAIVER

Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing.

I, the Parent/Legal Guardian of the Student, waive this requirement.

I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ The Rite Way Driving School LLC By: _____ Owner

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes No If Yes, please explain: _____
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes No If Yes, please explain: _____
3. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes No If Yes, please explain: _____
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely?
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 would affect his/her ability to drive a motor vehicle safely? Yes No

If the answer to any of questions 6 – 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.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ The Rite Way Driving School LLC . By: _____ Owner

VISION SCREENING TEST- (Will Be administered IN CLASS)

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I, _____ have been administered a vision screening test on _____
(SIGNATURE OF STUDENT NAME) (DATE)

by _____ and received a visual acuity score of at least 20/40 corrected.
(INSTRUCTOR NAME)

Payment amount:

Date(s):

Type: