

Please remit completed registration information to:

Lakeshore Precision Drivers Training, LLC

575 1/2 E. 8th St.

Holland, MI. 49423

(616) 842-7728

Hours: 10:00 am – 6:00 pm

State of Michigan License #: P000316

Program Number: 2012-S1-_____

Segment 1 Completion Certificate #: _____

SEGMENT 1 STUDENT REGISTRATION

Month Requested: _____

Student FULL Name: _____

First Middle Last
(Print full, legal name as printed on birth certificate – DO NOT USE NICKNAMES)

Address: _____

City: _____ Zip: _____ Phone: _____

Parent/Guardian Name: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Birth Date: ____/____/____ *****Please include a copy of a birth certificate*****

Parent E-mail Address: _____

School Currently Attending: _____

How Did You Hear About Us? _____

Please READ and SIGN

Parent waiver agreement for individualized on-the-road instruction

By signing below, I _____, authorize Lakeshore Precision Drivers Training, LLC to allow a certified instructor employed by LPDT to offer my child on-the-road instruction without another passenger in the vehicle. Lakeshore Precision Drivers Training, LLC will make every effort to have not less than two (2) students in the vehicle during behind-the-wheel instruction, but I understand that there may be times where my child may have to drive alone with an instructor in the vehicle..

Signature of Parent/Guardian

Date

David Muma

Signature of LPDT Representative

The following items must be returned to Lakeshore Precision Drivers Training prior to the start of class:

- 1) **Payment of \$340.00 (Checks made payable to LPDT)**
- 2) **Copy of the students birth certificate**
- 3) **Signed and completed copy of this contract**

CLASS REGISTRATIONS WILL BE ACCEPTED ON A FIRST PAID, FIRST REGISTERED BASIS.

Classes will be held at St. John's Lutheran School, 525 Taylor St., Grand Haven, Mi. 49417

*Please **DO NOT** contact St. John's regarding driver education training.*

Segment I Teenage Course Provisions

1. Lakeshore Precisions Drivers Training (LPDT) will provide a minimum of 24 hours of classroom instruction and a minimum of 6 hours of behind the wheel instruction, and 4 hours of observation time in a driver education training vehicle.
2. Successful completion will include passing daily quizzes with a 70% or higher and completion of all assignments given in class. Each student will also be required to pass the State of Michigan written test with a score of 70% of higher.
3. Lakeshore Precision Drivers Training will conduct behind the wheel instruction in a dual-controlled automobile, fully insured, covering each student enrolled in the program.
4. Driving tasks to be achieved include:

*Turning Maneuvers
Parking
Residential Driving*

*Backing
Freeway Driving
City Driving*

*Proper Lane Usage
Highway Driving
Rural Driving*

5. Upon successful completion of the course, the student will be issued a “**Michigan Driver Education Certificate of Completion**” attesting to his/her completion of the requirements that the Michigan Department of State has set for Segment I under the graduated licensing law.
6. Should a student miss a classroom session due to illness or other excused absence, they will be required to make up that class session by making arrangements with the instructor to make up that session. It is the student’s responsibility to make arrangements to make up this class. Should a student miss a scheduled driving session, they will have to contact the business office to reschedule a drive time. All six scheduled driving sessions will need to be completed prior to completion of the course.
7. Should a student miss more than one classroom and/or one driving session, they will be required to re-take the entire Segment 1 course. There will only be ONE excused absence per Segment 1 session. The appropriate refund policy will be honored as described in the policy provided.

TERMS

The parent or guardian authorizes the student to take part in the program on the basis that the students meets the physical requirements specified by the law for issuance of a motor vehicle operator’s license. **The student must be AT LEAST 14 years and 8 months of age by the beginning of class (Verification by birth certificate required).**

The parent or guardian agrees to pay the amount of \$340.00 upon registration. A book will be provided for the student to use. If the book is **NOT** returned in proper condition, a fee of \$20.00 will be charged. Certificate of completion will be issued upon return of all class materials. A fee of \$25.00 will be charged on all returned checks. In case of a driving appointment cancellation, a fee of \$30.00 will be charged to reschedule the drive if 24 hr. notice is not given. LPDT assumes all liabilities contained within this agreement.

REFUND POLICY

If for any reason you decide to withdraw from the course before it ends, your refund will be based on the following pro-rated schedule:

1. If complete withdrawal from an LPDT Segment 1 session **before** any class session begins a refund of \$290.00 will be given, a \$50.00 administrative fee will be assessed.
2. If a student transfers out of a class less than ten (10) days before that class begins, a fee of \$25.00 will be assessed before being admitted to another Segment 1 Class session.
3. If withdrawal is made after class begins, no refund will be given.
4. Students who are removed from classes due to attendance, ineligibility, or discipline no refund will be given.

WE, THE UNDERSIGNED, UNDERSTAND THE ABOVE PROVISIONS.

Signature of Student

Date

Signature of Parent/Guardian

David Muma

Authorized School Representative

The driving record of each individual instructor is available for review upon request

Notice:

This school is required to be licensed by the Michigan Department of State, Program Operations Division. If you have a complaint, which you cannot settle with the school, write:

Michigan Department of State
Program Operations Division
Lansing, Mi. 48918

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

2012 Segment 1 Classroom Schedule

February 6 – 23, 2012 (7p – 9p) March 5 – 22, 2012 (7p – 9p)

April 9 – 26, 2012 (7p – 9p) May 7 – 24, 2012 (7p – 9p)

****There are 6 hours of behind-the-wheel instruction time in addition to classroom times****

(Students will be signing up for their individual drive times)

Please keep one copy of the contract for your records and return the other

Lakeshore Precision Drivers Training, LLC



575 1/2 E. 8th St.
Holland, Mi. 49423
(616) 842-7728

Segment 1 Registration Form

Please **PRINT** Clearly

Student Full Name: _____
First Middle Last

Address: _____ City: _____ Zip: _____

Home Phone: _____ Birthdate: _____ **VERIFIED BY BIRTH CERTIFICATE**
Student MUST be at least 14 yrs. 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 _____
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 _____
3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes _____ No _____ If Yes, please explain: _____
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. Does the student wear glasses? Yes _____ No _____ If yes, when was the last eye exam: _____
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 either question 5-7 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 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