

Office: Contract ___ Registration ___ Waiver ___ Birth Certificate ___ Payment _____

SEGMENT 1 CLASS DATE Requested: _____

CONTRACT

OCEANA DRIVING SCHOOL LLC,

DEPARTMENT OF STATE CERTIFICATION: #P000548

1430 W SHELBY ROAD, SHELBY, MI 49455

PHONE: 231-742-0258 / EMAIL: oceanadrivingschool@yahoo.com

SCHOOL ATTENDING: _____
(Mason County Central, Hart High School, Shelby High School, Hesperia, Walkerville, Pentwater, Mason County Eastern.)

Student's Full Name: _____
First Middle Last

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

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parent/Guardian Name: _____ **Number:** _____

Parent/Guardian Email: _____ **Cell:** _____

Student Email: _____ **Cell:** _____

COURSE PROVISIONS

1. 24 hours classroom instruction, 6 hours of behind the wheel instruction, (to be completed within 3 weeks of completion of the classroom portion) 4 hours observation time while in the car.
2. Dual controlled automobile fully insured.
3. If you have any complaint which cannot be settled with Oceana Driving School LLC, you may write to: Michigan Department of State, Driver Programs Division, Lansing, MI 48918.
4. Completion of Oceana Driving School LLC driver education program does NOT GUARANTEE qualification for a driver's license.
5. Cost of class is \$300.00 payable by check or cash and this fee is ***NON REFUNDABLE**.
6. Return Check Fee of \$20.
7. A "No Call, No Show" for your scheduled drive will result in a \$20 rescheduling fee.
8. Requirements to pass course: 70% Minimum on State Test (given the final day of class), and a COMPLETE SET OF NOTES turned in to instructor. Two test retakes are allowed, if needed.
9. MAXIMUM OF 2 EXCUSED ABSENCES. Any additional absences and student will be dropped from class (No Refund), or required to attend a make-up day with the next available class.
10. *Oceana Driving School LLC has a "NO REFUND" policy; student may reschedule and take class at a different time, if needed.

OCEANA DRIVING SCHOOL LLC**SEGMENT 1 REGISTRATION**

231-742-0258

STUDENT'S FULL NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ ZIP: _____

BIRTH DATE: _____ AGE: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ WORK PHONE: _____

PARENT CELL: _____ STUDENT CELL: _____

OTHER CONTACT/EMERGENCY: _____

STUDENT EMAIL: _____

PARENT EMAIL: _____

1. DOES THE STUDENT REQUIRE ANY SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THE CLASSROOM PHASE? (TEST READING, INTERPRETER, SEATING ARRANGEMENTS, ETC?)
YES _____ NO _____ EXPLAIN: _____
2. DOES THE STUDENT REQUIRE ANY SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THE BEHIND-THE-WHEEL PHASE? (ADAPTIVE DEVICES, INTERPRETER, ETC?)
YES _____ NO _____ EXPLAIN: _____
3. IS THE STUDENT TAKING ANY MEDICATIONS THAT MAY AFFECT HIS/HER ABILITY TO DRIVE A MOTOR VEHICLE SAFELY?
YES _____ NO _____ 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 _____ EXPLAIN: _____
5. IS THE STUDENT'S VISUAL ACUITY AT LEAST 20/40 CORRECTED? YES _____ NO _____.
6. IN THE LAST 6 MONTHS, HAS THE STUDENT HAD A FAINTING SPELL, BLACKOUT, SEIZURE, OR OTHER UNCONTROLLED LOSS OF CONSCIOUSNESS? YES _____ NO _____.
7. IN THE LAST 6 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 question 5 is no, or if 6 or 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, mcl257.309.

CERTIFICATION:

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PARENT SIGNATURE: _____

STUDENT SIGNATURE: _____ DATE: _____

