King of the Road Driving School, LLC
Segment I Student Contract

Phone: 989-600-5519
Mailing Address: 1703 Fraser Rd., Kawkawlin, MI 48631
Office Address: 1703 Fraser Rd., Kawkawlin, MI 48631
Office Hours: Monday - Friday 9:00 a.m. - 5:00 p.m.

Class Location and Starting Date:_____
State License Number: P000333 Program Number_____

This contract is entered into by and between King of the Road Driving School, LLC, and Name of Student (as it appears on the birth certificate.) PLEASE **PRINT CLEARLY**

Name: _____
(First, Middle, Last)
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone Number: _____ **Age:** _____ **Birth Date:** _____ **High School:** _____

The King of the Road Driving School LLC shall provide a total of twenty-four hours of classroom instruction and six hours behind-the-wheel instruction for a fee of $_____ paid in full one week prior to the start of the first class. Cash, check, or money order will be accepted for payment. The school will provide a licensed instructor, vehicle, and fuel for the driving instruction. Also, The King of the Road Driving School LLC shall supply all written materials. **No instruction shall commence until the student has paid fees in full and has verified his/her birth date with their birth certificate** to King of the Road Driving School, LLC.

REFUND POLICY/MAKE UP DAYS: A full refund will occur if the student pays for the class but withdraws before class starts. Once the student has started class, there will be no refund. Students will be allowed to make up one absence from classroom instruction. A fee will be charged for textbooks that are damaged or need to be replaced.

Parental permission for Driver Education Instruction: I hereby give consent for my son/daughter, as stated above, to take a complete course of Driver's Education, which includes thirty hours of instruction (24 classroom hours & 6 behind-the-wheel hours), listed in this contract. This course is conducted under the supervision of a state certified instructor. To pass the class, the students must have a class average of 75% and 80% on the final exam.

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 this 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. "King of the Road Driving School, LLC will conduct the behind-the-wheel instruction in a dual controlled automobile, fully insured, covering each student enrolled in the program." "The student must be at least 14 years 8 months of age by the beginning of class (verification by birth certificate required)."

Additional Information Required:
Student Gender: Male_____ Female_____
Family Doctor: _____ Telephone: _____
Does student have any physical disabilities? _____ If yes, explain:_____
Does student wear corrective lenses? _____ When was vision checked? _____
Has the student ever taken Driver's Education before? _____
Has the student ever had a license suspended or revoked?_____

I understand that it is imperative that student arrive on time for their scheduled driving time. Students who need to change a driving time must contact the driving instructor at least 24 hours prior to their scheduled driving time or a $35.00 cancellation fee will be charged.
The student will not be allowed to drive again until all cancellation fees are paid. Students may purchase two additional hours of driving time at a rate of $35.00 per hour.

Date: _____ Student Signature: _____
Date: _____ Parent/Guardian Signature: _____
Date: _____ School Representative Signature: _____

The Driving Record of each individual instructor is available for review upon request.

I hereby give my permission for my son/daughter _____ to participate in 1:1, behind the wheel
Son or Daughter's Full Name (Please Print)

driving instruction conducted by King of the Road Driving School, LLC. _____
Parent Signature Required Date