King of the Road Driving School, LLC
Segment II 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.

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

Full Name_____
First Middle Last

Address_____

City _____ State _____ Zip _____

Phone Number _____ Age _____ Birth Date_____

State of Michigan Segment I Certification Number _____
Example K 123 456 789 123

Class Location and Starting Date _____

King of the road Driving School, LLC shall provide a total of six hours of classroom instruction for a fee of $_____, which shall be paid prior to the first class. Cash, check, or money order will be accepted for payment. King of the Road Driving School, LLC shall supply required materials. All coursework must be completed to pass Segment II.

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.

For a student to take part in Segment 2, verification must be received that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent or guardian (or parent designee) on a level 1 license, and there has elapsed a minimum of three months since the end of Segment I.

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.

Date: _____ Student Signature: _____

Date: _____ Parent/Guardian Signature: _____

Date: _____ School Representative Signature: _____

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

Segment II Contract Form

White Copy King of the Road Driving School, LLC
Yellow Copy Student