

RETURN THIS FORM

Due at beginning first day of class
Please keep a copy for your records



State License #P000150

Seg1infocontavai061418

Call Center: 734-422-3000 Fax: 734-432-6007 Website: www.aa-driving.com Email: info@aa-driving.com
Main Office: 19582 Middlebelt Road, Livonia, MI 48152
Office Hours: By Appointment only Call Center: Available Monday-Friday 9:00am-5:00pm

SEGMENT 1: IMPORTANT INFORMATION

The pages that follow this information sheet are the required paperwork for Segment 1 (MUST bring to first day of class). You are reading PAGE 1, an information sheet about our program, PAGE 2 & 3 is the contract, PAGE 4 is a student information form and PAGE 5 is the teen availability drive sheet that will help us with scheduling the in-vehicle sessions.

YOUR REGISTRATION WILL NOT BE COMPLETE UNTIL THE PAYMENT HAS BEEN RECEIVED. YOUR PLACE IN CLASS WILL BE RESERVED IN THE ORDER IN WHICH YOUR PAYMENT HAS BEEN RECEIVED. IF YOUR PAYMENT IS RECEIVED TOO LATE, YOU WILL BE NOTIFIED.

✓ Your payment of \$370 (including the mandatory book fee) MUST be received at the time of registration to guarantee placement. The student will keep the book.

Credit card payments should be made online at www.aa-driving.com when registering.

✓ Please bring the **completed/signed forms** and a copy of the **Birth Certificate or Valid Passport** to the beginning of first class meeting or the student will **NOT** be able to participate with this program. Please retain a copy of the completed/signed contract for your records.

✓ Please bring pen/pencil and notebook to all meeting days.

First day at the beginning of class **MANDATORY DOCUMENT COLLECTION & PARENT MEETING (30 minutes to 1 hour):**

(2 hour class will begin at conclusion of parent meeting) This is an opportunity for the teacher to share information and answer any questions or concerns you may have regarding this very important course for your teen. Even if you have had a child attend a previous program, you must attend so you can be informed of any state rule changes. Please have your documents ready to present to the instructor.

If you have registered for the LIVONIA location:

CLASSES MEET AT: 19582 MIDDLEBELT ROAD, LIVONIA, MI 48152

LOCATED BETWEEN 7 MILE RD. & 8 MILE RD, ON THE EAST SIDE OFF ST. MARTINS

If you have registered for the PLYMOUTH location:

CLASSES MEET AT: 696 N. MILL, SUITE 110, PLYMOUTH, MI 48170

LOCATED IN THE RETAIL COMPLEX ON THE CORNER OF MILL AND LIBERTY ST.

PLEASE BE AWARE THE DRIVING PORTION OF SEGMENT 1 WILL NOT BE ACCOMPLISHED BY THE LAST DAY OF CLASS.

IF YOU HAVE ANY QUESTIONS, FEEL FREE TO CALL: **734-422-3000** or **248-476-3222**

Thanks for choosing **A&A DRIVING SCHOOL!**

RETURN THIS FORMDue at beginning first day of class
Please keep a copy for your records

State License #P000150

Reg Infocontavai061418

Lesley Hagerman
Email: info@aa-driving.comCall Center: 734-422-3000 Fax: 734-432-6007 Website: www.aa-driving.com

Main Office: 19582 Middlebelt Road, Livonia, MI 48152

Office Hours: By Appointment only Call Center: Available Monday-Friday 9:00am-5:00pm

Please PRINT neatly

SEGMENT 1: REGISTRATION / CONTRACT / WAIVER

Student Legal Name:		
Student Address/City/Zip:		
Date of Birth:		VERIFIED BY BIRTH CERTIFICATE REQUIRED (The student MUST be 14 years & 8 months by first day of class)
Student Cell #:	Home #:	Student Email:
Parent/Guardian Contact:		Parent Cell #:
Parent Address (if different than student):		Parent Home#: Work Phone#:
Parent Email:		

- Course Provisions:** A&A Driving School will provide no less than 24 hours of classroom instruction in an approved classroom (per state law class may run 10-15 minutes beyond end of each session to allow for taking attendance and non-instructional distractions), no less than 6 hours of behind-the-wheel instruction (BTW), and a minimum of 4 hours of observation time. **A&A Driving School will conduct the behind-the-wheel instruction in a dual controlled automobile, fully insured, covering each student enrolled in the program.** Classroom instruction must be a minimum of 3 weeks in length. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction. BTW instruction must be completed no later than 3 weeks after the classroom instruction has been completed. **Per state law, this registration/contract/waiver must be turned in at the beginning of the first day of class or the student will not be able to participate in this program.**
- Total cost** of the basic program shall be: **\$370** including the mandatory book fee which will allow the student to retain the book. (credit card payment due upon registration)
Payment in full is due BEFORE the first day of class to guarantee placement.
- Additional behind the wheel sessions** can be purchased at the current hourly rate.
- Refund Policy** – If the student cancels before the first class session, all tuition will be refunded, minus a \$25 service charge.
- Makeup Policy** – A student may not miss the first day. A student may miss up to two (2) days of class with a reasonable excuse (e.g. illness, family emergency). Three (3) or more missed classes will be considered a fail and the total program will have to be repeated with additional charges. Makeup is at the instructor's discretion. If the absence(s) is not made up before the last day of class, the student may need to reschedule the State Knowledge Test (SKT). All make up sessions, SKT and in vehicle sessions must be achieved no later than 3 weeks from the last day of class or the student will be considered failed (DEPM Section 7). A student will not be allowed to attend class more than two (2) hours per day. A minimum 24 hour cancellation notice is required by the student for any in vehicle session, to avoid a makeup charge of \$25 per lesson.
- Textbook / Materials responsibility** – Textbooks and supplies are included in the tuition cost. Students are responsible for bringing their textbooks to each class period. If the textbook is lost/stolen/destroyed, the student is required to purchase a new one for the cost of \$20. (Note: book remains in student's possession after the completion of the course.)
- Issuance of a certificate of completion** will be permitted after the student has successfully passed the classroom State Knowledge Test with a final grade of 70% or better. The student will be given up to two (2) additional attempts to pass the test. All required homework must be turned in, paid any additional fees, and has demonstrated achievement of the driving objectives in the behind the wheel and observation phase. A \$25 fee will be charged to replace lost certificates.
- It is understood that** a parent or guardian's signature constitutes permission for a student to enroll and attend Segment 1 at the **A&A Driving School**, and participate in all phases of the program.
- Student website/media authorization** – Allow the use of media audio/visual images only for A&A publications, web, etc.

X _____
Student Signature-Type name to approve electronic signatureX _____
Parent Signature-Type name to approve electronic signatureX *Lesley Hagerman*
A&A Driving School Official_____
Date of Contract -Enter first date of class

Livonia-19582 Middlebelt Rd, Livonia MI 48152			Plymouth-696 N. Mill, Plymouth, MI 48170		
Class dates	Program#	Days/Times	Class dates	Program#	Days/Times
Check the class you have registered for below			Check the class you have registered for below		
<input type="checkbox"/> Sept 11-Oct 4	L091118-1-530	(T/W/Th 5:30-7:30pm)	<input type="checkbox"/> Sept 17-Oct 10	P091718-1-6	(M/T/W 6-8pm)
<input type="checkbox"/> Sept 29-Nov11	L092918-1-10-wke	(Sat/Sun 10am-12pm)	<input type="checkbox"/> Sept 22-Oct 28	P092218-1-1-wke	(Sat/Sun 1-3pm)
<input type="checkbox"/> Oct 16-Nov 8	L101618-1-530	(T/W/Th 5:30-7:30pm)	<input type="checkbox"/> Oct 22-Nov 14	P102218-1-6	(M/T/W 6-8pm)
<input type="checkbox"/> Nov 17-Jan 6	L111718-1-10-wke	(Sat/Sun 10am-12pm)	<input type="checkbox"/> Nov 10-Dec 23	P111018-1-1-wke	(Sat/Sun 1-3pm)
<input type="checkbox"/> Nov 27-Dec 20	L112718-1-530	(T/W/Th 5:30-7:30pm)	<input type="checkbox"/> Nov 26-Dec 19	P112618-1-6	(M/T/W 6-8pm)
<input type="checkbox"/> Jan 08-Jan 31	L010819-1-530	(T/W/Th 5:30-7:30pm)	<input type="checkbox"/> Dec 21-Jan 06	P122118-1-5-HXP	(Wk 1: Fri 5-7 pm, Sat/Sun 10am-12pm. Wk 2: Th/Fri/Sat/Sun 10am-12pm. Wk 3: T/W/Th/Fri/Sat/Sun 10am-12pm)

Notice: This provider is required to be certified by the Secretary of State. If you have any complaint which you cannot settled with this provider, please complete the Driver Education Complaint form found on the Department of State website; www.michigan.gov/teendrivers. Completion of driver training instruction does not guarantee qualification for a driver license.

RETURN THIS FORM
Due at beginning first day of class
Please keep a copy for your records



State License #P000150

Seg1infocontavai061418

Call Center: 734-422-3000 Fax: 734-432-6007 Website: www.aa-driving.com Email: info@aa-driving.com
Main Office: 19582 Middlebelt Road, Livonia, MI 48152
Office Hours: By Appointment only Call Center: Available Monday-Friday 9:00am-5:00pm

Registration/Contract/Waiver Page 1 of 2

SEGMENT 1: REGISTRATION / CONTRACT / WAIVER

The law requires that A&A Driving School provide behind-the-wheel instruction with not less than 2 students in the training vehicle. That requirement may be waived if the parent/legal guardian signs the waiver agreement below, allowing for their student to be given individualized lessons. The student must still complete at least four hours of observation time as passenger in a driver education vehicle being driven by another driver education student.

Student name: _____

Registration/Contract/Waiver Page 2 of 2

PARENT WAIVER FORM	
<p><i>Please mark an "X" in appropriate highlighted area below</i></p> <p style="border: 1px solid black; padding: 2px;">A PARENT <input checked="" type="checkbox"/> WILL / <input type="checkbox"/> WILL NOT ATTEND THE <i>INFORMATIVE PARENT MEETING</i>.</p> <p>Parent or guardian MUST sign ONLY (1) option below:</p> <p>Option 1 <i>Behind the Wheel Instruction Agreement</i></p> <p>I authorize the instructor to offer my child behind the wheel instruction <u>with, or without, another student</u> in the car.</p> <p>X _____</p> <p>SIGNATURE OF PARENT OR GUARDIAN - Type name to approve electronic signature</p> <p style="text-align: center;">.....</p> <p>Option 2</p> <p>I authorize that there shall <u>always be another student</u> in the car during the behind the wheel instruction with my child. (Choosing this option may limit your student's drive time options)</p> <p>X _____</p> <p>SIGNATURE OF PARENT OR GUARDIAN - Type name to approve electronic signature</p> <p>X <u>Lesley Hagerman</u> _____</p> <p>A&A Driving School Official Date of Contract – Enter first date of class</p>	

RETURN THIS FORMDue at beginning first day of class
Please keep a copy for your records

State License #P000150

Seg 1infocontavai061418

Call Center: 734-422-3000 Fax: 734-432-6007 Website: www.aa-driving.com Email: info@aa-driving.com

Main Office: 19582 Middlebelt Road, Livonia, MI 48152

Office Hours: By Appointment only Call Center: Available Monday-Friday 9:00am-5:00pm

Please print NEATLY, completing all areas **MEDICAL INFORMATION**

Student Name:	Student Address/City/Zip:
Home #:	Student Cell #:
Date of Birth:	VERIFIED BY BIRTH CERTIFICATE The student MUST be 14 years & 8 months by first day of class)
Parent/Guardian Contact:	Parent Work #:
Parent Address (if different than student):	Parent Cell #: Parent Home#:

- Does the student have any of the following diagnoses: NONE
 ADD ADHD Autism CP Vision deficits Learning Disabilities-Describe:
 Other-Describe:
- Are there any **medical conditions** that we should be made aware of? Yes No
 (i.e. epilepsy, asthma, color blindness, hearing loss)?
 If yes, please explain:
- 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
 If yes, please explain:
- Does the student require any **special accommodations** to participate in the **behind-the-wheel** phase
 (i.e. adaptive devices, an interpreter, etc.)? Yes No
 If yes, please explain:
- Is the student taking any **medications** that may affect his / her ability to drive a motor vehicle safely? Yes No
- In the last six months, has the student had a **fainting spell, blackout, seizure**, or other uncontrolled loss of consciousness?
 Yes No
 If yes, please explain:
- 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 yes, please explain:
- Is the student's **visual acuity** at least 20/40 corrected? Yes No
 Corrected with: Glasses Contacts Biotopic Lenses Required for: Reading Driving
- Please provide a list of medications:**

 Does the student stop taking any medications during the summertime? Yes No

If the answer to either of questions 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 with regards to the Michigan Vehicle Code.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

 PARENT / GUARDIAN SIGNATURE DATE

 STUDENT SIGNATURE DATE

How did you hear about us? Yellow Book : Phone Book or On Line or Previous Sibling Friend
 (please circle one) Yellow Pages (AT&T) : Phone Book or On Line or Other:

RETURN THIS FORMDue at beginning first day of class
Please keep a copy for your records

State License #P000150

Seg1infocontavai061418

Call Center: 734-422-3000 Fax: 734-432-6007 Website: www.aa-driving.com Email: info@aa-driving.com

Main Office: 19582 Middlebelt Road, Livonia, MI 48152

Office Hours: By Appointment only Call Center: Available Monday-Friday 9:00am-5:00pm

TEEN AVAILABILITY DRIVE SHEET

Please PRINT neatly

Last name:		Street address:	
First name:		City/Zip:	
Student Cell#:		Parent Cell#:	
Class start/end date:		Classroom location (City):	

PLEASE COMPLETE FORM TO ASSIST WITH SCHEDULING THE IN VEHICLE PORTION. WE NEED TO KNOW WHEN YOU ***WILL BE AVAILABLE*** and/or ***WONT BE AVAILABLE*** (list a brief reason, exp: dentist appt or school activity). WE GENERALLY SCHEDULE IN TWO HOUR SESSIONS TO ACCOMPLISH BOTH DRIVING AND OBSERVATION TIME.

FIRST WEEK OF CLASS:**WEEK TWO:***PLEASE MARK THE DATES TO ASSIST US*

MONDAY:		MONDAY:	
TUESDAY:		TUESDAY:	
WEDNESDAY:		WEDNESDAY:	
THURSDAY:		THURSDAY:	
FRIDAY:		FRIDAY:	
SATURDAY:		SATURDAY:	
SUNDAY:		SUNDAY:	

WEEK THREE:**WEEK FOUR:**

MONDAY:		MONDAY:	
TUESDAY:		TUESDAY:	
WEDNESDAY:		WEDNESDAY:	
THURSDAY:		THURSDAY:	
FRIDAY:		FRIDAY:	
SATURDAY:		SATURDAY:	
SUNDAY:		SUNDAY:	

WEEK FIVE:**WEEK SIX:**

MONDAY:		MONDAY:	
TUESDAY:		TUESDAY:	
WEDNESDAY:		WEDNESDAY:	
THURSDAY:		THURSDAY:	
FRIDAY:		FRIDAY:	
SATURDAY:		SATURDAY:	
SUNDAY:		SUNDAY:	

PLEASE BE AWARE THE DRIVING PORTION OF SEGMENT 1 WILL NOT BE ACCOMPLISHED BY THE LAST DAY OF CLASS.