

**RETURN THIS FORM**

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



State License #P000150

Seg1infocontavai020819

Call Center: 734-422-3000 Fax: 734-432-6007 Website: [www.aa-driving.com](http://www.aa-driving.com) Email: [info@aa-driving.com](mailto: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](http://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!**

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Please PRINT neatly

**SEGMENT 1: REGISTRATION / CONTRACT / WAIVER**

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

- 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   
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		
<b>Class dates</b>	<b>Program#</b>	<b>Days/Times</b>	<b>Class dates</b>	<b>Program#</b>	<b>Days/Times</b>
<b>Check the class you have registered for below</b>			<b>Check the class you have registered for below</b>		
<input type="checkbox"/> Mar 09-Apr 14	L030919-1-10-wke	(Sat/Sun 10am-12pm)	<input type="checkbox"/> Feb 18-Mar 13	P021819-1-6	(M/T/W 6-8pm)
<input type="checkbox"/> Mar 19-Apr 18	L031919-1-530	(T/W/Th 5:30-7:30pm)	<input type="checkbox"/> Mar 16-Apr 28	P031619-1-1-wke	(Sat/Sun 1-3pm)
<input type="checkbox"/> Apr 30-May 23	L043019-1-530	(T/W/Th 5:30-7:30pm)	<input type="checkbox"/> Mar 22-Apr 07	P122118-1-HXP	(See website for schedule)
<input type="checkbox"/> June 3-June 20	L060419-1-530	(M/T/W/Th 5:30-7:30pm)	<input type="checkbox"/> Mar 25-Apr 24	P032519-1-6	(M/T/W 6-8pm)
<input type="checkbox"/> June 24-July 18	L062419-1-3	(M/T/W/Th 3:00-5:00pm)	<input type="checkbox"/> May 06-May 30	P050619-1-6	(M/T/W 6-8pm)
<input type="checkbox"/> July 22-Aug 08	L072219-1-1	(M/T/W/Th 1:00-3:00pm)	<input type="checkbox"/> May 18-June 30	P051819-1-1-wke	(Sat/Sun 1-3pm)
<input type="checkbox"/> Aug 12-Aug 29	L081219-1-530	(M/T/W/Th 5:30-7:30pm)	<input type="checkbox"/> June 17-July 11	P061719-1-1130	(M-Th 11:30am-1:30pm)
<input type="checkbox"/> Sept 24-Oct 17	L092419-1-530	(T/W/Th 5:30-7:30pm)	<input type="checkbox"/> July 15-Aug 01	P071519-1-5	(M-Th 5-7pm)
<input type="checkbox"/> Oct 05-Nov 10	L011919-1-11-wke	(Sat/Sun 11am-1pm)	<input type="checkbox"/> Aug 05-Aug 22	P080519-1-1130	(M-Th 11:30am-1:30pm)
			<input type="checkbox"/> Sept 16-Oct 09	P091619-1-6	(M/T/W 6-8pm)
			<input type="checkbox"/> Sept 28-Nov 03	P092819-1-1-wke	(Sat/Sun 1-3pm)

**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](http://www.michigan.gov/teendrivers). Completion of driver training instruction does not guarantee qualification for a driver license.

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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**

Please mark an "X" in appropriate highlighted area below

A PARENT  WILL /  WILL NOT ATTEND THE *INFORMATIVE PARENT MEETING*.

Parent or guardian **MUST** sign **ONLY (1)** option below:


**Option 1** *Behind the Wheel Instruction Agreement*  
I authorize the instructor to offer my child behind the wheel instruction with, or without, another student in the car.

X \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN - Type name to approve electronic signature

.....

**Option 2**  
I authorize that there shall always be another student in the car during the behind the wheel instruction with my child.  
(Choosing this option may limit your student's drive time options)

X \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN - Type name to approve electronic signature

X  \_\_\_\_\_  
A&A Driving School Official Date of Contract – Enter first date of class

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Please print NEATLY, completing all areas

**MEDICAL INFORMATION**

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

- 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    Bioptic 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:

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**TEEN AVAILABILITY DRIVE SHEET**

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

PLEASE COMPLETE FORM TO ASSIST WITH SCHEDULING THE IN VEHICLE PORTION. WE NEED TO KNOW WHEN YOU **WILL BE AVAILABLE and/or WON'T 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.