



2800 N. Custer Rd
Monroe, MI 48162
734-625-0778

Office Hours: Monday – Friday, 9:00 am – 4:00 p.m.

Department of State Certification # P000127

SEGMENT 1 CONTRACT

Program Number # _____ Classroom Location: _____
(as assigned by provider)

Dates of Class _____

Student _____
Name Last First Middle Age Date of Birth

Address _____ City _____ Zip _____

Home Phone _____ Work Phone (Parent or Guardian) _____

Parent's Name _____ Home Phone (Parent) _____

Address _____ City _____ Zip _____

COURSE PROVISIONS

1. Millennium Driving Academy will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time 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.

REQUIRED LANGUAGE

NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with this provider, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

TERMS

1. The student must be at least 14 years/8 months of age by the first scheduled day of class (verification by birth certificate required).
2. The parent or guardian agrees to pay the amount of \$325.00 which includes all materials and supplies. A deposit of no less than \$150.00 is due on the first day of class in cash or check. The balance of \$175.00 must be paid in full before the class ends in order to receive a completion certificate. There will be an additional fee of \$25.00 for any returned checks.
3. Students must receive a 70% or better on the State of Michigan test to pass the program.
4. Any classroom or behind the wheel sessions that are missed must be rescheduled and made up before a completion certificate will be issued.

REFUND POLICY

Millennium Driving Academy will not refund any fee, tuition, charges or any other part thereof should the school be able to fulfill its part of the service. Postponement or cancellation of any behind the wheel (BTW) sessions must be made with in 24 hours of the scheduled appointment to an employee of said school or the student will be charged a fee of \$30.00. This fee shall be paid in full before any additional BTW is received. All fees and tuitions must be paid in full before the last day of class or a \$25.00 late charge will apply. Millennium Driving Academy reserves the right to cancel, postpone or reschedule classes or lessons at its sole discretion.

Student Signature

Parent or Guardian Signature

School Representative Signature

Date of Contract



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Permission slip and waiver

Please fill out and bring this document with you on the first day of class

According to 1998 PA 11: A written agreement must be obtained from a parent or legal guardian in order for a driving school to have permission for a student to accompany the driving instructor if there is less than 1 other student in the car during driving instruction.

I, _____ (Parent / Guardian) give permission

for my Son /Daughter _____

To accompany the driving instructor if there is less than one other student in the car during instruction. I understand it is a rare occurrence, but that my student may be alone in the training vehicle with an instructor during a driving lesson.

According to MDE code R388.312

“Before participating in the driving experience, students shall be screened to determine, or evidence shall be presented, that they meet the physical requirements that are necessary for the issuance of a motor vehicle operator’s license.”

1. In the last six months has the student had a physical or mental condition which will effect your ability to drive safely? _____
2. In the last six months have you had a fainting spell, blackout, seizure or other loss of consciousness? _____
3. Are you on any type of medication that recommends that you do not operate machinery or drive a vehicle? _____
4. Do you have 20/40 vision or better? _____
5. Do you need to wear corrective lenses? _____

I have read the information provided to me by Millennium Driving Academy, LLC, and I agree to abide by and / or enforce all information / rules contained therein.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____