SDA Drivers Education School, LLC

28050 Southfield Road, Suite 170 • Lathrup Village• MI • 48076 • (313) 721-0153 State Certification # P000717 • Office Hours: Monday – Sunday, 9:00 a.m. – 7:00 p.m.

		TEEN 2 CONTRACT			
Student: (last)		(first)		(middle)	
Address:		City:		Zip:	
Home Phone:		Age:	D.O.	В.:	
Parent/Legal Guardian's Name:		Parent/Leç	Parent/Legal Guardian's Phone #:		
Parent/Legal Guardian's Address:			City:	Zip:	
Emergency Contact:		Pł	Phone #:		
Dates of Class:			Time:		
1. SDA Drivers certified Mid 2. A driving lo (including 2 A log was p	chigan Driver Education Ins g must be presented to veri ! hours at night) with a licen	Il provide a minimum of 6 ho tructor. Classroom instructi ify that the student has comp sed parent/guardian or a des instructor on or before the fil Seg. 2 Instructor initi	on shall not exce pleted a minimum signated licensed rst classroom ses	ed 2 hours per day. of 30 hours of driving adult driver 21 or older.	
	t must have held a Level 1 L tudent initials	icense for not less than 3 cc. Seg. 2 Instructor initi			
TEEN SEGMEN	NT 2 TERMS				
	or Legal Guardian agrees to p Cash app, Paypal or Credit (ay the total amount of \$50 on o	or before the first d	ay of class in the form of;	
2. The Student	and at least one Family Partr	ner must attend the mandatory	Parent Meeting.		
student is re-	3. The Student may miss class only for an illness or emergency with documented proof presented to the instructor. The student is required to make up the same class session missed (e.g., The student missed day 2 and must attend day 2 of the next available segment 2 course.).				
4. A fee of \$10	. A fee of \$10.00 will be charged for each request for a replacement of a Segment Two Completion Certificate.				
REQUIREMEN	TS TO PASS THE COURSE				
1. The Student must complete all homework and receive an overall grade of 75% on daily quizzes/test.*					
	will be allowed up to three at you require above 70% such a	tempts to pass the State Exam as 75%).*	, which requires a	score of at least 70 (or any	
REFUND POLIC	<u>CY</u>				
1. NO REFUNI	O shall be given.*				
ACCOMMODA:	TIONS/MEDICAL CONDITIO	NS			
1. Does the Stuinterpreter, e		ommodations to participate in the es, please explain:			
Date:					
Date:	Parent/Legal Guardia			Owner/President	
Date:	SDA Drivers Educati	on School LLC By:		Owner/President	

NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the DES-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.

Provider Name

Signature of Provider Owner

(EXAMPLE - (DO NOT TYPE IN CONTRACT),