

Negaunee Public Schools

101 S Pioneer Ave, Negaunee, MI 49866 (906) 475-7861

State Certification # P000070 • NHS Office Hours: Monday – Friday, 7:00 AM – 3:30 PM

Program Number #: 21-1-12/14 **TEEN SEGMENT 1 CONTRACT** Classroom Location: Negaunee High School

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

Parent Meeting: December 14, 2021, 6:00 – 8:00 PM, NHS Commons

Cost: \$375 due at first class

Class: December 14 (Parent Meeting), 15, 16, January 4, 5, 6, 11, 12, 13, 25, 26, 27

Time: 6:00 PM – 8:00 PM **Location:** NHS Commons

TEEN SEGMENT 1 PROVISIONS

1. Negaunee Public Schools will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 6 hours of observation time with a certified Michigan Driver Education Instructor.
2. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed.
3. Negaunee Public Schools will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.
4. The Student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate is required. **Applicants must be born before April 14, 2007.**

TEEN SEGMENT 1 TERMS

1. The parent or legal guardian agrees to pay the total amount of \$375 at the first day of class in the form of cash, check, or money order. Checks can be payable to Negaunee Public Schools.
2. **The student and at least one parent must attend the mandatory meeting on December 14th at 6:00 PM in the NHS Commons.**
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 class time missed.
4. **If we are filled over capacity, the oldest first will apply.**

REQUIREMENTS TO PASS THE COURSE

1. The student must complete all homework and take daily quizzes/test.
2. The student will be allowed up to two attempts to pass the State Exam, which requires a score of at least 70%.
3. The student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.

REFUND POLICY

1. Before the beginning of the third class session, 100% of the total tuition will be refunded if no BTW instruction was given.
2. After the beginning of the third class session, no refund shall be given.

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 Driver Education Complaint form found on the Department of State website; www.michigan.gov/teendriver. Completion of driver education instruction does not guarantee qualification for a driver license.

Negaunee Public Schools

101 S Pioneer Ave, Negaunee, MI 49866 (906) 475-7861

State Certification # P000070 • NHS Office Hours: Monday – Friday, 7:00 AM – 3:30 PM

Program Number #: 21-1-12/14 **TEEN SEGMENT 1 CONTRACT** Classroom Location: Negaunee High School

**THIS FORM MUST BE TURNED IN AT THE OFFICE NO LATER THAN
FRIDAY, DECEMBER 10, 2021.**

Student: _____
Last Name First Name Middle Name

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Parent/Legal Guardian's Name: _____ Phone: _____

Parent/Legal Guardian's email: _____

Parent/Legal Guardian's Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone: _____

BTW WAIVER

Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing.

I, the Parent/Legal Guardian of the Student, waive this requirement.

I understand that my son/daughter must still complete at least 6 hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Negaunee Public Schools by: _____

Signature of Designated Representative

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 Driver Education Complaint form found on the Department of State website; www.michigan.gov/teendrivers. Completion of driver education instruction does not guarantee qualification for a driver license.

Negaunee Public Schools

101 S Pioneer Ave, Negaunee, MI 49866 (906) 475-7861

State Certification # P000070 • NHS Office Hours: Monday – Friday, 7:00 AM – 3:30 PM

Program Number #: 21-1-12/14 **TEEN SEGMENT 1 CONTRACT** Classroom Location: Negaunee High School

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes No If Yes, please explain: _____
2. Does the student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes No If Yes, please explain: _____
3. Are there any medical conditions that would pose a concern with the student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes No If Yes, please explain: _____
4. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes No If Yes, please explain: _____
5. Is the student's visual acuity at least 20/40 corrected? Yes No
6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes No
7. In the last six months, has the student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? Yes No

If the answer to question 5 is no, or either of questions 6 or 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 under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Negaunee Public Schools by: _____ Designated Representative _____

RECORD OF PAYMENT (TO BE COMPLETED BY SCHOOL OFFICIAL):

DATE: _____ AMOUNT: _____ SCHOOL OFFICIAL INITIAL: _____

Circle form of payment:

CASH MONEY ORDER CHECK/NUMBER: _____

VISION SCREENING TEST

FOR OFFICE USE ONLY

_____ has been administered a vision screening test on _____
(STUDENT NAME) (DATE)
by _____ and received a visual acuity score of at least 20/40 corrected.
(INSTRUCTOR NAME) (STUDENT INITIALS)

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 Driver Education Complaint form found on the Department of State website: www.michigan.gov/teendrivers. Completion of driver education instruction does not guarantee qualification for a driver license.