Student: (last) (first) (middle)

Address: City: Zip:

Home Phone: Age: D.O.B.:

Parent/Legal Guardian’s Name: email:

Parent/Legal Guardian’s Address: City: Zip:

Emergency Contact: Phone #:

**Dates:** February 13th, 14th, & 15th, 6:00 – 8:00 PM **| Location:** NHS Library

**TEEN SEGMENT 2 PROVISIONS**

1. Negaunee Public Schools will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor. Classroom instruction shall not exceed 2 hours per day.
2. A driving log must be presented to verify that the student has **completed a minimum of 30 hours of driving (including 2 hours at night)** with a licensed parent/guardian or a designated licensed adult driver 21 or older. A log was presented to the Segment 2 instructor on or before the first classroom session.

**Parent or Student initials Segment 2 Instructor initials**

1. **The Student must have held a Level 1 License for not less than 3 continuous months from the date on your**

**Level 1 License issued by the Secretary of State (SOS).**

**\*\*Level 1 License # (from SOS) \*\***

**Parent or Student initials Segment 2 Instructor initials**

**TEEN SEGMENT 2 TERMS**

1. The Parent or Legal Guardian agrees to pay the total amount of **$50 on the first day of class** in the form of cash or check made out to NPS.
2. 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 class time missed. Make up times will be from 2:46-3:46 Tuesdays and Wednesdays in NHS Library

**REQUIREMENTS TO PASS THE COURSE**

1. The Student must take part in 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%.

**REFUND POLICY**

1. After the beginning of the second class session, NO REFUND shall be given.

**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:

Date: Student Signature:

Date: Parent/Legal Guardian Signature:

Date: Negaunee Public Schools By: Designated Representative

**\*\*\*This form must be turned in to the NHS office no later than Friday, February 10th\*\*\***