

# Negaunee Public Schools

500 W Arch St, Negaunee, MI 49866, Phone: (906) 475-7861 Ext. 301, Fax: (906) 475-7989

State Certification # P000070 · NHS Office Hours: Monday – Friday, 7:00 AM – 3:15 PM

Program Number #: 24-1-4/9 **DRIVER'S EDUCATION SEGMENT 1 CONTRACT** Classroom Location: Negaunee High School

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## PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

**Mandatory parent/student meeting:** *April 9th, 7:00-9:00 PM, NHS Cafeteria*

**Cost (due at parent/student meeting above):** \$425 (\$375 NPS Students)

**Class dates:** April 9, 10, 11, 16, 17, 18, 23, 24, 30, May 1, 7, 8 from 7-9 PM

**Location:** NHS Cafeteria

### DRIVERS EDUCATION 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 this segment 1 course. Verification by birth certificate is required. **Applicants must be born on or before August 9th, 2009.**

### DRIVERS EDUCATION SEGMENT 1 TERMS

1. The parent or legal guardian agrees to pay the total amount of \$425 (**\$375 for NPS Students**) on 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 April 9th at 7:00 PM** in the NHS cafeteria.
3. The student may only miss class due to an illness or emergency with documented proof presented to the instructor. The student is required to make up the missed class time.
4. **If we are filled over capacity, older students will take priority after Negaunee students.**

### REQUIREMENTS TO PASS THE COURSE

1. The student must complete all homework and take daily quizzes/tests.
2. The student will be allowed up to two attempts to pass the state exam, which requires a passing 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](http://www.michigan.gov/teendriver). Completion of driver education instruction does not guarantee qualification for a driver license.

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This form must be turned in at the NHS office or emailed to  
**Raquel.Randall@NegauneeSchools.org no later than Thursday, April 4th.**

Please fill out all of the following legibly.

▼ ▼ ▼ *Legal name that is on birth certificate* ▼ ▼ ▼

Student: \_\_\_\_\_  
**Last Name First Name Middle Name**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (**Must be before 8/9/09**): \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Legal Guardian's Email:** \_\_\_\_\_

Parent/Legal Guardian's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Does your child attend Negaunee Public Schools? Yes ☐ No ☐**

***I will email you when I receive your contract and again on Friday, April 5th to let you know if your child made it into the class or not.***

## **BTW (Behind-The-Wheel) 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

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## Accommodations/Medical Conditions (Please Circle Y or N)

1. Does the student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)?
  - a. 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.)?
  - a. 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.)?
  - a. 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?
  - a. Yes — No — If yes, please explain: \_\_\_\_\_
5. Is the student's visual acuity at least 20/40 corrected?
  - a. Yes — No
6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?
  - a. 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?
  - a. 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 \_\_\_\_\_ by \_\_\_\_\_  
(STUDENT NAME) (DATE) (INSTRUCTOR NAME)

and received a visual acuity score of at least 20/40 corrected. \_\_\_\_\_ (STUDENT INITIALS)

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