## PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

#### Cost (due at first class day): \$50 Class dates: June 24, 25, 26 from 12:00 – 2:00 PM Location: NHS Library

#### **DRIVERS 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.

3. The Student must have held a Level 1 License for **at least 3 continuous months** from the date on your Level 1 License issued by the Secretary of State (SOS).

#### **DRIVERS SEGMENT 2 TERMS**

1. The Parent or Legal Guardian agrees to pay the total amount of <u>\$50 on the first day</u> <u>of class</u> 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 for missed class time. Make up time will be Tuesdays from 2:50 - 3:50 PM by email appointment request - mike.johnson@negauneeschools.org.

#### **REQUIREMENTS TO PASS THE COURSE**

1. The Student must take part in daily quizzes/tests.

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.

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; <u>www.michigan.gov/teendriver</u>. Completion of driver education instruction <u>does not</u> guarantee qualification for a driver license.

# This form must be turned in at the NHS office or emailed to Raquel.Randall@NegauneeSchools.org **no later than June 19th!**

<u>Please fully fill out all of the following legibly for communication purposes</u> ···· Legal name that is on birth certificate ···

	t Name	First Name		Middle Name
Address:		City:		Zip:
Phone #:		Age:	D.O.	B.:
Parent/Legal G	uardian's Name:		Email:	
Parent/Legal Guardian's Address:			City:	Zip:
Emergency Contact:			Phone #:	
** Level 1	license # (from SOS on chi	ld's license)		
Parent or student initials		Segment 2 instructor initials		
** Driv	ving log must have completed	l a minimum of 30 ho	ours (including	2 hours at night)
Paren	t or student initials	Segment 2 ins	structor initials _	
read, interprete	e student require any special acc er, etc.)? Yes — No — If yes, plea	ase explain:		
Date:	Student Signature:			
Date:	Parent/Legal Guardia	n Signature:		
Date:	Negaunee Public Schoo	2	e of Designated Ro	epresentative
	RECORD OF PAYMENT (T	O BE COMPLETED BY	SCHOOL OFF	TCIAL):
DATE:	AMOUNT:	SCHO	OOL OFFICIAL INI	TIAL:
(	Circle form of payment: CASH	MONEY ORDER	R CHECK	/NUMBER:
NOTICE - This provi	Circle form of payment: CASH der is required to be certified by the Secre r Education Complaint form found on the I	tary of State. If you have any cor	mplaint that cannot b	e settled with t

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