

HUMPHREY'S DRIVER TRAINING & TESTING (DBA)

Humphrey Enterprises, Inc. Phone: 989-723-7176 Humphreydrive.com Office hours by appt.: M-F 10-5

Location: 2089 Corunna Avenue

Owosso, Michigan 48867

Department of State Certification P000421

School Code B72

Date Rec'd _____	Payment Ent'd _____
Contract Ent'd _____	Receipt <input type="checkbox"/> B.C. <input type="checkbox"/> P/S Meeting _____
Class Fee \$460.....PIF <input type="checkbox"/> _____	
Book Fee \$25.....book rec'd <input type="checkbox"/> _____	
Deposit \$300 <input type="checkbox"/> or _____	
Cash <input type="checkbox"/> _____	Credit <input type="checkbox"/> _____ Check <input type="checkbox"/> _____
Office use only	

Date Class Begins: _____ **SEGMENT 1 CONTRACT**

STUDENT NAME _____
First (full) Middle Last Age * Date of Birth
Male ☐ or Female ☐

Parent(s) Name _____

Address _____ City _____ Zip _____

Phone(s) _____ Work Phone _____ Student Cell _____

Emergency Contact _____ Phone _____

Which high school does your child attend? _____

***Student must be 14 years and 8 months by the 1st day of class**

Where did you hear about Humphrey's?
(check all that apply)

School <input type="checkbox"/>	Our Website <input type="checkbox"/>	Friend/Family <input type="checkbox"/>	Secretary of State <input type="checkbox"/>	Flyer <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Other <input type="checkbox"/>
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COURSE PROVISIONS

Humphrey's Driver Training School will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program. Classroom instruction must be a minimum of 3 weeks in length. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction. BTW instruction must be completed no later than 3 weeks after the classroom instruction.

HEALTH CONCERNS

- Does the student require any special accommodations to participate in the classroom phase?
(i.e., test read to him/her, seating arrangements, etc.) Yes ____ No ____
- Does the student require any special accommodations to participate in the behind-the-wheel phase?
(i.e., adaptive devices, etc.) Yes ____ No ____
- Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes ____ No ____
- Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction? (epilepsy, asthma, color blindness, hearing loss) Explain: _____ Yes ____ No ____
- Is the student's visual acuity at least 20/40 corrected? Yes ____ No ____
- Has the student taken a vision test within the last six months? Yes ____ No ____
- In the last six months, has the student had a fainting spell, blackout, seizure, or uncontrolled loss of consciousness? Yes ____ No ____
- In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely? Yes ____ No ____

If the answer to question 3, 4 or 7 is YES, or 5 is NO 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.

OVER ➡

TERMS

1. **The student must be at least 14 years/8 months of age by the first scheduled day of class**
(Verification by birth certificate required).
 2. The parent or guardian agrees to pay the amount of \$460 plus Book Fee. (Cash, Check, Credit/Debit)
A deposit of \$300 is required along with the contract, copy of the birth certificate and driving availability sheet.
FINAL PAYMENT IS DUE THE WEEK BEFORE THE FINAL EXAM. \$40 FEE FOR ALL RETURNED CHECKS.
 3. Requirements to pass the course: 24 hours of classroom and in-class assignments
6 hours behind-the-wheel including 6 hours of observation time in a dual controlled automobile with a certified instructor-
and a score of 70% or more on the WRITTEN EXAM.
 4. In the event the student does not pass the WRITTEN EXAM, the student may retake the exam for \$40.
 5. A \$40 charge will be added for any “no show” on the drive schedule. Extra drives beyond the 6 hours are \$40 a drive.
 6. In case of a student’s absence or emergency there is one free make up class.
 7. A new textbook is \$25.
 8. A \$20 fee will be charged for any replacement certificate issued.
 9. Segment 2 class is an additional fee.
- **RESERVATION IS NOT FINAL UNTIL THE CONTRACT & DEPOSIT & BIRTH CERTIFICATE ARE SUBMITTED TO THE OFFICE**

SIGN



Behind-the-wheel driving for teens is scheduled with two students in the car at the same time under the supervision of a licensed driving instructor. If unforeseen circumstances arise, however, I give permission for my student to drive with the driving instructor, unaccompanied by another student.

I agree to the above ☐

I do not agree to the above ☐

Parent Signature _____

REFUND POLICY

If a student **cancels** before the **first day** of class, 100% of the fee paid will be refunded (minus any card fees, if paid by credit/debit card).
NO refund will be given after the **first day** of class. **In case of misconduct, no refund will be given and the student may be expelled.**

Notice: This provider is required to be licensed by the Michigan Department of State. If you have a complaint which you cannot settle with this school, write: Michigan Department of State, Driver Programs Division, Lansing, Michigan 48918.
“Completion of driver training instruction does not guarantee qualification for a driver license.”

SIGN



CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.
AGREEMENT: I agree to all terms stated above.

Student Signature

Parent or Legal Guardian Signature

Date

Humphrey Enterprises Inc., Official

Date