PRESTON DRIVING SCHOOL, INC.

12546 ONEIDA WOODS TRAIL

GRAND LEDGE, MI 48837

OFFICE HOURS MONDAY-FRIDAY

6:00 P.M.-8:00 P.M.

PHONE: 517-627-6467

E-MAIL: randy.preston@prestondriving.com

FIRST NAME:_____MIDDLE_____LAST_____

AGE:_____BIRTH DATE:_____

ADDRESS:_____CITY:_____

STATE:_____ZIP:_____PHONE:_____CELL:_____

TERMS – SEGMENT II CLASS ONLY

1. Cost of Segment II: $55.00
2. Starting Date: _____(see website for starting dates)
3. Total cost must be paid by the first day of class.
4. A $25.00 fee will be charged for NSF checks.
5. Payments may be made by checks, cash or money order no credit cards.
6. All materials or cost must be turned in before a Driver Education Certification of Completion is issued.
7. To pass Segment II a student must:
    a. Turn in all written homework and notes.
    b. Take and turn in all written quizzes.
    c. Pass the State of Michigan Test with a 70% or above average
    d. Be in class for 3 days and a total of 6 hours minimum
    e. Each class day will be 2 hours in duration.
    f. One make-up day available the following week of class.
8. No refunds after first day of class.
9. FOR A STUDENT TO TAKE PART IN SEGMENT II, VERIFICATION MUST BE RECEIVED THAT THE STUDENT HAS COMPLETED A MINIMUM OF 30 HOURS OF DRIVING (INCLUDING 2 HOURS AT NIGHT) WITH A LICENSED PARENT OR GUARDIAN (OR PARENT DESIGNEE) ON A LEVEL ONE LICENSE, WHICH HAS BEEN HELD FOR NOT LESS THAN 3 CONTINUOUS MONTHS.
10. STUDENTS SHOULD BRING THE FOLLOWING ITEMS TO CLASS WITH THEM ON THE FIRST DAY OF CLASS OR BEFORE.
    a. Level 1 license
    b. Driving log or app with at least 28 hours of daytime and two (2) hours of nighttime driving.
    c. Payment of $55.00 (cash, money order or check payable to Preston Driving School)

WE, UNDERSTAND THE CONTRACT LISTED ABOVE AND AGREE TO ALL OF THE TERMS.

STUDENT FIRST NAME_____**MIDDLE**_____

LAST NAME_____**DATE**_____

PARENT OR LEGAL GUARDIAN PRINT_____

PARENT OR LEGAL GUARDIAN SIGNATURE_____**DATE**_____

ADDRESS_____**CITY**_____**STATE**_____

ZIP_____**PHONE NUMBER**_____

PRESTON DRIVING SCHOOL SIGNATURE_____**DATE**_____

DATE OF SEMENT II CLASS_____

NOTICE: THIS PROVIDER IS REQUIRED TO BE CERTIFIED BY THE SECRETARY OF STATE. IF YOU ANY COMPLAINT, WHICH YOU CANNOT SETTLE WITH THIS SCHOOL, WRITE: MICHIGAN DEPARTMENT OF STATE, DRIVER PROGRAMS DIVISION, LANSING, MI 48918. COMPLETION OF DRIVER EDUCATION INSTRUCTION DOES NOT GUARANTEE QUALIFICATION FOR A DRIVER LICENSE.

CLASSROOM LOCATION

GRAND LEDGE PUBLIC SCHOOL
820 SPRING STREET
GRAND LEDGE, MI 48837
ROOM 105

Provider number: P00078
Program number_____