

COBBI DRIVING SCHOOL, LLC

15700 West Ten Mile Road, Suite 215A, Southfield, MI 48075 Tel: 248-730-0327
OFFICE HOURS: Monday - Friday 9:00 am - 6:00 pm Saturday 10:00 am - 6:00 pm
Michigan Department of State Certification # P000089

Segment One Contract

Classroom & Road Instruction Location _____
Program # _____ Dates of Class _____ through _____
Student _____ Birth Date _____ Age _____
 Last First Middle
Address _____ City _____ Zip Code _____
Telephone # _____ Alternate # _____
Parents Name _____ Telephone# _____
Address _____ City _____ Zip Code _____

Provisions of Segment One Course

The Student must be at least 14 years 8 months of age by the first day of class. (Verification by birth certificate required)
Cobbi Driving School, LLC will provide 24 hours of classroom, 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. All Classroom, BTW instruction, and final State examination including any missed classroom or BTW time must be successfully completed or made up no later than 3 weeks after the original classroom instruction has been completed. No refund or credit will be offered to student not completing all program requirements in the allotted timeframe.

Student agrees to act in a courteous and respectful manner towards the Instructors, Parents, Fellow Students, and Other Drivers during the course. The student can be dismissed from the course at discretion of the Instructor without recourse for insubordination or inappropriate, disruptive behavior.

Upon successful completion of the course which includes class participation, completion of all homework assignments, and a minimum score of 70% on the State written examination, (two re-takes allowed if necessary) the student will be issued a Segment One completion certificate which must be taken to a Secretary of State branch office and presented when applying for a Level 1 Learners License. In case of an absence, student must make up the exact day missed in a following session or at an alternate location.

Fees, Terms, & Refund Policy

\$ _____ \$ _____ \$ _____
Course Fee Amount Paid Form of Payment Balance Owed Date

Cobbi Driving School, LLC accepts: Cash or Money Order Only.

Credit card payments are subject to a 5% convenience fee and require payment in full by the first day of class. Fees may be paid in up to three payments and are due on the first day of each week of class. A service fee of \$10.00 per payment will be assessed when utilizing the payment plan. An additional \$10.00 per week fee will be assessed to any payment made after the due date. Checks or cash are accepted for payment one only. Cash or certified funds are required for any additional payments. If required, additional behind-the-wheel instruction will be offered at \$60.00 per hour.

A fee of \$30.00 will be charged for the following: A driving appointment is missed or canceled less than 24 hours in advance, for replacement of a certificate, for replacement of a lost or mutilated text book, and for all returned checks.

Refunds: During the first four class sessions with no behind the wheel sessions, 50% of the tuition will be refunded. No refund will be given after the fourth class session or any behind-the-wheel sessions have been provided, or for dismissal from the course.

Student Signature

Parent or Guardian Signature

School Representative Signature

Date of Contract

Notice: This provider is required to be certified by the Secretary of State. If you have any complaint which you cannot settle with this provider, write: Michigan Department of State, Driver Programs Division, Lansing, Michigan 48918. Completion of driver education instruction does not guarantee qualification for a driver License.

The driving record of each individual instructor is available for review upon request.

Over for Parent waiver, signature required if in agreement

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SEGMENT 1 REGISTRATION FORM

Please Print

STUDENT FULL NAME: _____

ADDRESS: _____
Last First Middle
CITY

ZIP CODE: _____ HOME PHONE _____

BIRTHDATE: _____ **VERIFIED BY BIRTH CERTIFICATE**
Student must be at least 14 years and 8 months by the first day of class.

PARENT/GUARDIAN'S NAME: _____ WORK PHONE _____

EMERGENCY CONTACT: _____ PHONE _____

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, an interpreter, seating arrangements, etc.)? Yes ___ No ___
If Yes, please explain: _____
2. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive device an interpreter, etc.)? Yes ___ No ___
If Yes, please explain: _____
3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes ___ No ___ If Yes, please describe _____
4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy asthma, color blindness, hearing loss)?
Yes ___ No ___ If Yes, please explain: _____
5. Is the student's visual acuity at least 20/40 corrected? Yes ___ No ___
6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?
Yes ___ No ___
7. 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 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.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE

Parent Waiver Agreement For Individualized On-The-Road Instruction

By signing below, I _____, authorize
Printed Name of Parent / Guardian
Cobbi Driving School, LLC to allow a certified instructor employed by the provider to offer on-the-road driving instruction without another passenger in the vehicle.

Signature of Parent / Guardian

Date

Signature of Provider

CLASS ATTENDENCE:

TIME	DATE	TIME	DATE	TIME	DATE