B Safe Driving School, LLC – Segment 1 Student Contract State license # P000481 296 S. Higbee St. Lyons, MI 48851 (616)755-2427 Hours: M-F by appointment

Student	t Name			
	First	Middle	Last	
Addres	s	City, Zip	Phone	
Birth Da	ateClass	Starting Date	Class Location	
beginn be cha hours o observ progra comple be at le Studen	ing of or before the first clast rged for any non-sufficient for of classroom instruction, 6 hation time in a dual controller. Classroom instruction matered no later than 3 weeks after east 14 years/8 months of ag	ss for the Segment 1 Drive fund check. B Safe Driving hours of behind-the-wheel ed automobile, fully insure ust be a minimum of 3 weeker the classroom instructive by the first day of classments in order to complete	O cash, check, or money order, at the reducation course listed. A \$25.00 fer School, LLC will provide a minimum (BTW) instruction, and 4 hours of d, covering each student enrolled in eks in length. BTW instruction must know has been completed. The student (verification by birth certificate requires the course. Students must receive a	the be t must red).
compla Progra	aint which you cannot settle	with this provider, write: N	etary of State. If you have any lichigan Department of State, Driver education instruction does not guara	ntee
4 hours contact	of observation time to comple	ete the Segment 1 course. A ce will be rescheduled at a co	om instruction, 6 hours of BTW instructiny missed drives when the instructor was st of \$25.00 per drive. Any missed clas	as <b>not</b>
restrooi in the s	m, and classroom area. Any d	amage caused by a student as immediately and no refur	ne building except the immediate hallwa to the property, building, or grounds will ad given. Any payment necessary for the ardian signed below.	l result
		t take or complete the driv	er education program, the refund po	licy is
	Refund of the tuition minus a	·	hdraws before the first class. Dietion of the first class, no refund will be	e given
There a	are no additional costs for m	naterials.		
The be items li		ent/guardian have reviewe	d and agreed to all the above, includi	ng all
X	Student Signature	Poront/Cu	ardian Address	
X	Parent/Guardian Signature			
	Parent/Guardian Signature	Parent/Gua	ardian Phone Number	
Deposit ·	- Payment type/Amount/Date	Balance - Payment type/Amou	nt/Date Program Number	
V				

Date of Contract

B Safe Driving School, LLC Official Signature