

**STUDENT CONTRACT – SEGMENT 1**  
**Derivative Matrix Corp dba Quality One Driver Training**

523 East Bridge Street, Portland MI 48875

Office Hours: By Appointment Only; office phone: 517-279-0848

State License P000281 – State School Code C22 - EIN 38-3519086

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**Notice: This driver education 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 under "Driver Programs Division" on the Department of State website; [www.michigan.gov/sos](http://www.michigan.gov/sos). Completing driver education does not guarantee a driver's license.**

This contract is entered into by and between Quality One Driver Training and (name of student)

first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_ birthdate \_\_\_\_\_

complete address \_\_\_\_\_

phone number \_\_\_\_\_ parent/guardian name(s) \_\_\_\_\_

(if different) parent/guardian address \_\_\_\_\_

(if different) parent/guardian phone number \_\_\_\_\_

for the purpose of providing driving instruction for the above named student.

The school shall provide a total of thirty hours of instruction for a fee of \$320.00, paid in advance by check, cash or money order. Quality One Driver Training will provide 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time. 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 has been completed. If a classroom or driving session is cancelled for any reason, the instructor will announce the make-up date and time during the next scheduled class. The school will provide the licensed instructor, vehicle, and fuel for the driving instruction. Quality One Driver Training will conduct the behind-the-wheel instruction in a dual controlled automobile, fully insured, covering each student enrolled in the program. Also, the school shall supply all required classroom materials.

No behind-the-wheel instruction shall begin until the student has paid all fees in full. At least two students will be in the driver education vehicle whenever behind-the-wheel instruction is provided. The student must be at least 14 years and 8 months of age by the first day of class (verification by birth certificate required).

**REFUND POLICY:** Upon failure on the part of the student to complete the course of instruction, a refund will be granted as follows: For each hour of driving time unused, one tenth of the total tuition will be refunded.

The above named student will attend program number \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_.

**I understand that a missed, scheduled drive time, without 3 hours prior notice will result in a \$40.00 charge and a damaged or unreturned textbook will result in a \$30.00 charge.**

\_\_\_\_\_  
Parent Initials

**I understand that the above named student must maintain a grade of at least 70% on classroom quizzes and homework and a grade of at least 70% on the STATE TEST in order to pass the class. Two state test retakes are allowed.**

\_\_\_\_\_  
Parent Initials

**I understand that should the above named student fail to complete the class for any reason, a refund can be requested according to the refund policy above.**

\_\_\_\_\_  
Parent Initials

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Quality One Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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FOR OFFICE USE ONLY:

Payment #1 amount \_\_\_\_\_ check number \_\_\_\_\_ method \_\_\_\_\_

Payment #2 amount \_\_\_\_\_ check number \_\_\_\_\_ method \_\_\_\_\_

# STUDENT REGISTRATION FORM – SEGMENT 1

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State License P000281 – State School Code C22 - EIN 38-3519086

Student Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date: \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_

Describe any physical/mental/learning disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you wear glasses Y/N \_\_\_\_\_ Date of last eye exam mm/dd/yy \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever had a license suspended or revoked? Y/N \_\_\_\_\_ Why \_\_\_\_\_

\_\_\_\_\_

*I hereby give my consent for (student name) \_\_\_\_\_ to take a Segment One course of driver education, consisting of at least 24 hours in class, 6 hours of behind-the-wheel instruction and 4 hours of behind-the-wheel observation.*

*I understand that this course, as offered by Quality One Driver Training, is conducted under the supervision of a state certified instructor.*

*I understand that my child must take the Segment One certificate to a Secretary of State branch office in order to obtain a Level One license.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_