

STUDENT CONTRACT – SEGMENT 2
Derivative Matrix Corp dba Quality One Driver Training

523 E Bridge St, Portland, MI 48875

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

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

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. 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 6 hours of instruction for a fee of \$45.00, paid in advance by check, cash or money order. Instruction shall include six hours of classroom time and shall not exceed 2 hours of instruction per day. If a classroom 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 and all required classroom materials.

No instruction shall begin until the student has paid all fees in full. For a student to participate in segment 2, 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/guardian (or parent designee) on a level 1 license, which has been held for not less than 3 continuous months.

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 classroom 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 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

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Quality One Representative Signature _____ Date _____

Segment 1 instruction provided by (School Name) _____

Level One License Number _____

FOR OFFICE USE ONLY:

Payment method _____ amount _____ check number _____ Rev. 12/30/15