

# Negaunee Public Schools

500 W Arch St, Negaunee, MI 49866, Phone: (906) 475-7861 Ext. 301, Fax: (906) 475-7989

State Certification # P000070 · NHS Office Hours: Monday – Thursday, 7:00 AM – 3:15 PM, 3:30 Friday

Program Number #: 23-2-06/26 **DRIVER'S EDUCATION SEGMENT 2 CONTRACT** Classroom Location: Negaunee High School

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## PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

**Cost (due at first class day): \$50**

**Class dates:** June 26, 27, 28th, 12:00 – 2:00 PM

**Location:** NHS Library

### TEEN SEGMENT 2 PROVISIONS

1. Negaunee Public Schools will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor. Classroom instruction shall not exceed 2 hours per day.
2. A driving log must be presented to verify that the student has **completed a minimum of 30 hours of driving (including 2 hours at night)** with a licensed parent/guardian or a designated licensed adult driver 21 or older. A log was presented to the Segment 2 instructor on or before the first classroom session.
3. The Student must have held a Level 1 License for **at least 3 continuous months** from the date on your Level 1 License issued by the Secretary of State (SOS).

### TEEN SEGMENT 2 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of **\$50 on the first day of class** in the form of cash or check made out to NPS.
2. The Student may miss class only for an illness or emergency with documented proof presented to the instructor. The student is required to make up for missed class time. Make up times will be from 2:46-3:46 Tuesdays and Wednesdays in the NHS Library.

### REQUIREMENTS TO PASS THE COURSE

1. The Student must take part in daily quizzes/tests.
2. The Student will be allowed up to two attempts to pass the State Exam, which requires a score of at least 70%.

### REFUND POLICY

1. After the beginning of the **second** class session, NO REFUND shall be given.

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This form must be turned in at the NHS office or emailed to  
**Raquel.Randall@NegauneeSchools.org no later than Thursday, June 15th.**  
Please fully fill out all of the following legibly.

vvv *Legal name that is on birth certificate* vvv

Student: \_\_\_\_\_  
**Last Name First Name Middle Name**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Legal Guardian's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*\* Level 1 license # (from SOS on child's license)** \_\_\_\_\_

Parent or student initials \_\_\_\_\_ Segment 2 instructor initials \_\_\_\_\_

**\*\* Driving log must have completed a minimum of 30 hours (including 2 hours at night)**

Parent or student initials \_\_\_\_\_ Segment 2 instructor initials \_\_\_\_\_

## ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes — No — If yes, please explain: \_\_\_\_\_

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

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

Date: \_\_\_\_\_ Negaunee Public Schools by: \_\_\_\_\_

Signature of Designated Representative

## RECORD OF PAYMENT (TO BE COMPLETED BY SCHOOL OFFICIAL):

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ SCHOOL OFFICIAL INITIAL: \_\_\_\_\_

**Circle form of payment: CASH ----- MONEY ORDER ----- CHECK/NUMBER:**

NOTICE - This 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 on the Department of State website; [www.michigan.gov/teendriver](http://www.michigan.gov/teendriver). Completion of driver education instruction does not guarantee qualification for a driver license.