Negaunee Public Schools

500 W Arch St, Negaunee, MI 49866 906-475-7861

State Certification # P000070 · NHS Office Hours: Monday – Friday, 7 a.m. – 3:30 p.m.

Program Number #: 23-2-03/13 **TEEN SEGMENT 2 CONTRACT** Classroom Location: Negaunee High School

Address: Home Phone: Parent/Legal Guardian's Name: Parent/Legal Guardian's Address: Emergency Contact: Dates: March 13 th , 14 th , & 15 th TEEN SEGMENT 2 PROVISIONS 1. Negaunee Public Schools will provide a minimum of	Age: e	mail: City: hone #:	Zip:
Parent/Legal Guardian's Name: Parent/Legal Guardian's Address: Emergency Contact: Dates: March 13 th , 14 th , & 15 ^t <u>TEEN SEGMENT 2 PROVISIONS</u>	e	mail: City: hone #:	Zip:
Parent/Legal Guardian's Address: Emergency Contact: Dates: March 13 th , 14 th , & 15 th TEEN SEGMENT 2 PROVISIONS	Р	City: hone #:	Zip:
Emergency Contact: Dates: March 13 th , 14 th , & 15 th <u>TEEN SEGMENT 2 PROVISIONS</u>	Р	hone #:	-
Dates: March 13 th , 14 th , & 15 ^t <u>TEEN SEGMENT 2 PROVISIONS</u>			
Dates: March 13 th , 14 th , & 15 ^t <u>TEEN SEGMENT 2 PROVISIONS</u>			
		M Location: N	
 Education Instructor. Classroom instruction shall A driving log must be presented to verify that the s <u>(including 2 hours at night)</u> with a licensed pare presented to the Segment 2 instructor on or before 	not exceed 2 hours p student has <u>complete</u> nt/guardian or a desi e the first classroom s	er day. <mark>ed a minimum of 30 h</mark> gnated licensed adult d	ours of driving
3. The Student must have held a Level 1 License f Level 1 License issued by the Secretary of State	or not less than 3 c		<u>m the date on your</u>
**Level 1 License # (from SOS) Parent or Student initials		** ctor initials	
 TEEN SEGMENT 2 TERMS The Parent or Legal Guardian agrees to pay the tot check made out to NPS. The Student may miss class only for an illness or extudent is required to make up for missed class time 	mergency with docur	nented proof presented	to the instructor. The
 NHS Library REOUIREMENTS 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 REFUND POLICY 1. After the beginning of the second class session, NC 	• · · ·	-	of at least 70%.
 <u>ACCOMMODATIONS/MEDICAL CONDITIONS</u> 1. Does the Student require any special accommodati interpreter, etc.)? Yes • No • If Yes, please expla 			
Date: Student Signature:			
Date: Parent/Legal Guardian Signat	ure:		
Date: Negaunee Public Schools By <u>****This form must be turned in to t</u>			

education instruction does not guarantee qualification for a driver license.