

Road Ready Driving School, INC

Tel: (313) 575-8641 Location: 32969 E Hamilton Ct Suite #140 12 Mile Rd Farmington, Hills, Mi 48334 Fax: 248-254-3639
State Certification # P000668 • Office Hours: Friday, 11:00 a.m. – 1:00 p.m. **ADULT BTW CONTRACT**

Student: (last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ D.O.B.: _____

Temporary Instruction Permit (TIP) #: _____ Expiration Date: _____ Cell #: _____

Dates/Times of BTW Instruction: _____

ADULT BTW PROVISIONS

1. Road Ready Driving School, INC. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.
2. The Student must be at least 18 years of age by the first day that BTW instruction is given. Verification by a copy of the temporary instruction permit is required.

ADULT BTW TERMS

1. The Student agrees to purchase _____ hour of BTW instruction for a total of: _____. The total amount must be paid on or before the first BTW instruction in the form of, cash, or credit card.
2. A fee of \$30.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation.

REFUND POLICY

1. There will be NO REFUNDS after the above student has been enrolled in BTW lessons. Only a credit will be issued.
2. Student must be re-enrolled within 90 days or funds will be forfeited.

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)? If no, write "No." ____ If yes, please explain: _____.
2. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? If no, write "No." ____ If yes, please explain: _____.
3. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? If no, write "No." ____ If yes, please explain: _____.
4. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? If no, write "No." ____ If yes, please explain: _____.
5. In the last six months, has the Student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? If no, write "No." ____ If yes, please explain: _____.

Date: _____ Student Signature: _____

Date: _____
Title: Owner/President

Road Ready Driving School, INC .

Signature of Owner/President

By: *Leslie Johnson*

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/teendrivers. Completion of driver education instruction does not guarantee qualification for a driver license.