

TSA Representative Signature

Traffic Safety Association of Macomb 32100 Utica Road Fraser, MI 48026 586-293-5880 www.trafficsafetymacomb.org



Date

Office Hours: Monday-Friday – 9:00 am – 4:45 pm

Department of State Certification #P000649

ADULT STUDENT CONTRACT

Program Number #			Classroom Location TSA
Dates of Class:		Times of Class	
Student	First	Middle	Date of Birth
Address	City		ZIP
Home Phone		Cell Phone	
Temporary Instruction Permit # _			
	* 1		
	COURSE DE	OVICIONIC	
	COURSE PR	OVISIONS	
The Traffic Safety Association o wheel instruction in a dual contro	f Macomb (TSA) will provide 24 had automobile that is fully insured	nours of classroom instruction (coverage includes the stude	and up to 6 hours of behind-th nt and the instructor).
	<u>TERI</u>	<u>MS</u>	
provided during the course. 2. Missed classroom sessions m	payable at the first classroom instrust be made up. In the event of a		
be charged.			
	DEFLINE	201107	
	REFUND	POLICY	
 a. A full refund will be issued; 	thdraw from the course before its or prior to any instruction beginning. ce any instruction has been offered		based on the following:
complaint, which you cannot	on provider is required to be ce settle with this provider, pleas ebsite: <u>www.michigan.gov/tee</u> ion for a driver license.	e complete the Driver Educ	cation Complaint form found
In signing this contract, I do h described.	erein affirm that I understand,	and am in agreement with	the terms and conditions
Student Signature			Date