



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

Department of State Certification #P000649

**SEGMENT 2 CONTRACT/REGISTRATION FORM**

Program Number # \_\_\_\_\_ Classroom Location TSA

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student's Driver License Number from Permit: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Dates of Class: \_\_\_\_\_ Time: \_\_\_\_\_

**TEEN SEGMENT 2 PROVISIONS**

1. The Traffic Safety Association of Macomb (TSA) will provide a minimum of 6 hours of classroom instruction provided by a certified Michigan Driver Education Instructor.
2. Classroom instruction shall not exceed 2 hours per day.
3. For a student to participate in Segment 2, a verification log must be received that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent or guardian (or parent designee) on a level 1 license, which has been held for not less than 3 continuous months.

**TEEN SEGMENT 2 TERM**

1. The Parent or Legal Guardian agrees to pay the total class fee on or before the first day of class in the form of cash, check or Credit/Debit.
2. In case of an illness or emergency, make up classes will be offered during the next Segment 2 class.

**REQUIREMENTS TO PASSING THE COURSE**

1. Students must complete all homework and receive an overall grade of 70% on daily quizzes/test.
2. Students must pass the State Exam with 70% or higher. Student will be given up to 1 additional attempt to pass the test.
3. Lost or damaged Textbook or Workbook will be charged a fee of \$50.00 each.

**REFUND POLICY**

If for any reason you decide to withdraw from the course, your refund will be based on the following:

1. Before the first scheduled Segment 2 class: *Full refund shall be issued.*
2. During the first scheduled Segment 2 class and thereafter: *No refund shall be issued.*

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TRAFFIC SAFETY ASSOCIATION OF MACOMB  
PROVIDER NAME

\_\_\_\_\_  
PROVIDER/OWNER SIGNATURE

\_\_\_\_\_  
DATE

**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.**