



Call Center: 734-422-3000 Fax: 734-432-6007 Website: [www.aa-driving.com](http://www.aa-driving.com) Email: [cruising@aa-driving.com](mailto:cruising@aa-driving.com)  
Main Office: 28911 Seven Mile Road, Livonia, MI 48152  
Office Hours: By Appointment only Call Center: Available Monday-Friday 9:00am-5:00pm

#### SEGMENT 1: IMPORTANT INFORMATION

The pages that follow this information sheet are the required paperwork for Segment 1. You are reading PAGE 1, an information sheet about our program, PAGE 2 is the contract, PAGE 3 is a student information form and PAGE 4 is the teen availability drive sheet that will help us with scheduling the in-vehicle sessions.

YOUR REGISTRATION WILL NOT BE COMPLETE UNTIL THE PAYMENT HAS BEEN RECEIVED. YOUR PLACE IN CLASS WILL BE RESERVED IN THE ORDER IN WHICH YOUR PAYMENT HAS BEEN RECEIVED. IF YOUR PAYMENT IS RECEIVED TOO LATE, YOU WILL BE NOTIFIED.

✓ **Your payment of \$339 MUST be received before the first day of class to guarantee placement.**

Credit card payments can be made online at [www.aa-driving.com](http://www.aa-driving.com) or

**MAKE CHECKS PAYABLE TO: A & A DRIVING SCHOOL**

**Please mail payment to our Livonia office:** 28911 Seven Mile Road, Livonia, MI 48152

✓ The signed/completed Contract and Student Information Form and a copy of the Birth Certificate should be returned **BEFORE** the first day of class by: Fax: 734-432-6007 or Email: [cruising@aa-driving.com](mailto:cruising@aa-driving.com) or mail to our Livonia address listed above.

The Teen Drive Availability sheet can be brought to the first class meeting.

✓ Please bring pen/pencil and notebook to all meeting days.

**PARENT MEETING:** During the last half hour on the first day of class.

This is an opportunity for the teacher to share information and answer any questions or concerns you may have regarding this very important course for your teen.

If you have registered for the LIVONIA location:

CLASSES MEET AT: 28911 SEVEN MILE ROAD, LIVONIA, MI 48152

**LOCATED ONE BLOCK EAST OF MIDDLEBELT ROAD, ON THE SOUTH SIDE**

If you have registered for the PLYMOUTH location:

CLASSES MEET AT: 696 N. MILL, SUITE 110, PLYMOUTH, MI 48170

**LOCATED IN THE RETAIL COMPLEX ON THE CORNER OF MILL AND LIBERTY ST.**

If you have registered for the CANTON location:

CLASSES MEET AT: 46181 Joy Road, Canton, MI 48187

**LOCATED IN CANTON HIGH SCHOOL Room # To be determined**

**PLEASE BE AWARE THE DRIVING PORTION OF SEGMENT 1 WILL NOT BE ACCOMPLISHED BY THE LAST DAY OF CLASS.**

**IF YOU HAVE ANY QUESTIONS, FEEL FREE TO CALL: 734-422-3000 or 248-476-3222**

Thanks for choosing **A&A DRIVING SCHOOL!**

**RETURN THIS CONTRACT**  
 Due **BEFORE** the first day of class  
 (Please keep a copy for your records)

State License #P000150



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Please PRINT neatly

**SEGMENT 1: REGISTRATION / CONTRACT**

<b>Class start/end date:</b>		<b>Classroom location (City):</b>	
<b>Student Legal Name:</b>			
<b>Address/City/State/Zip:</b>			
<b>Date of Birth:</b>	<b>VERIFIED BY BIRTH CERTIFICATE REQUIRED</b> (Must be 14 years & 8 months by first day of class)		
<b>Home #:</b>		<b>Cell #:</b>	
<b>Email:</b>			
<b>Parent/Guardian Contact:</b> (Emergency contact)		<b>Home and/or Work Phone#:</b>	
<b>Address (if different than student):</b>		<b>Cell #:</b>	

- A&A Driving School** will provide 24 hours of classroom instruction in an approved classroom, 6 hours of behind the wheel instruction, and a minimum of 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program. All instructors are certified and have had a criminal background check. Behind the wheel instruction will begin after 4 hours of classroom instruction and must be completed no later than 3 weeks after completion of said instruction.
- Total cost** of the basic program shall be: **\$339**. (cash, check or credit card payments are accepted)  
**Payment in full is due BEFORE the first day of class.** Due to the rising fuel cost, a gas surcharge may be imposed.
- Additional behind the wheel sessions** can be purchased at the current hourly rate.
- Refund Policy** – If the student cancels within the first class session, all tuition will be refunded, minus a \$25 service charge.
- Makeup Policy** – The student will be required to makeup a missed class, during the next available class session. 3 or more missed classes will be considered a fail and the total program will have to be repeated with additional charges. A minimum 24- hour cancellation notice is required for the any in vehicle session to avoid a makeup charge of \$25 per lesson.
- Textbook / Materials responsibility** – Textbooks and supplies will be supplied by A&A Driving School. If a student loses or abuses the textbook or classroom materials, replacement cost must be paid by the responsible parent or guardian.
- Issuance of a certificate of completion** will be permitted after the student has successfully passed the classroom State Knowledge Test with a final grade of 70% or better (may retake test 2 times), has turned in all required homework, paid any additional fees, and has demonstrated achievement of the driving objectives in the behind the wheel and observation phase. A \$25 fee will be charged to replace lost certificates.
- It is understood that** a parent or guardian’s signature constitutes permission for a student to enroll and attend Segment 1 at the **A&A Driving School**, and participate in all phases of the program.
- Student website/media authorization** – Allow the use of media audio/visual images only for A&A publications, web, etc.

X \_\_\_\_\_ X \_\_\_\_\_  
 Student Signature Date Parent Signature Date  
 X \_\_\_\_\_  
 A&A Driving School Official Date Program #

Rev: Seg1infocontavail061012

\*\*\* This provider is required to be certified by the Secretary of State. If you have any complaint which you cannot settle with this provider write: Michigan Dept. of State, Driver Programs Division, Lansing MI 48918. Completion of driver training instruction does not guarantee qualification for a driver license. \*\*\*

**PARENT WAIVER FORM (parent or guardian MUST choose one option below and sign)**

**(please circle one) A PARENT WILL / WILL NOT ATTEND THE INFORMATIVE PARENT MEETING.**

**Option 1 Behind the Wheel Instruction Agreement**  
 I authorize the instructor to offer my child behind the wheel instruction with, or without, another student in the car.

X \_\_\_\_\_ X \_\_\_\_\_  
 SCHOOL OFFICIAL DATE SIGNATURE OF PARENT OR GUARDIAN DATE

**Option 2**  
 I authorize that there shall always be another student in the car during the behind the wheel instruction with my child.  
 (Choosing this option may limit your student’s drive time options)

X \_\_\_\_\_ X \_\_\_\_\_  
 SCHOOL OFFICIAL DATE SIGNATURE OF PARENT OR GUARDIAN DATE

**RETURN THIS FORM**  
Due BEFORE the first day of class



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**Student Information**  
(Mandatory for attending Driver Ed)

Please print NEATLY, completing all areas

<b>Student Name:</b>	
<b>Address:</b>	<b>Birth date:</b>
<b>Home #:</b>	<b>Cell #:</b>
<b>Emergency Parent/Guardian Contact:</b>	<b>Work #:</b>
<b>Address (if different than student):</b>	<b>Cell or home#:</b>

- Does the student have any of the following diagnoses:  NONE  
 ADD     ADHD     Autism     CP     Vision deficits     Learning Disabilities-Describe:  
 Other-Describe :
- Are there any medical conditions that we should be made aware of:     No     Yes, please explain:  
(i.e. epilepsy, asthma, color blindness, hearing loss)
- Does the student require any special accommodations to participate in the classroom phase:  
(i.e. test being read to him / her, an interpreter, seating arrangements, etc.)     No     Yes, please explain:
- Does the student require any special accommodations to participate in the behind-the-wheel phase:  
(i.e. adaptive devices, an interpreter, etc.)     No     Yes, please explain:
- Is the student taking any **medications** that may affect his / her ability to drive a motor vehicle safely:  
 No     Yes, please explain:
- In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of  
Consciousness:     No     Yes, please explain:
- In the last six months, has the student had a physical or mental condition which affected his / her ability to drive a  
motor vehicle safely:     No     Yes, please explain:
- Is the student's **visual acuity** at least 20/40 corrected:     No     Yes  
Corrected with:  Glasses     Contacts     Bioptic Lenses                      Required for:  Reading     Driving
- Please provide a list of medications:  
  
Does the student stop taking any medications during the summertime:     No     Yes

If the answer to either of questions 5-7 is yes, then the parent / guardian must provide a letter signed by the student's physician, indicating that the condition has been corrected and / or is under control, and the student meets the physical and mental requirements for a motor vehicle operator's license with regards to the Michigan Vehicle Code.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

PARENT / GUARDIAN SIGNATURE		DATE	STUDENT SIGNATURE		DATE
Rev: Seg1infocontavail061012					
How did you hear about us? (please circle one)	Yellow Book :	Phone Book	or	On Line	
	Yellow Pages (AT&T) :	Phone Book	or	On Line	
	Previous Sibling	Friend		Other:	

**RETURN THIS FORM**  
Due on or before the first day of class



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**TEEN AVAILABILITY DRIVE SHEET**

Please PRINT neatly

<b>Last name:</b>		<b>Street address:</b>	
<b>First name:</b>		<b>City/State/Zip:</b>	
<b>Student Cell#:</b>		<b>Parent Cell#:</b>	
<b>Class start/end date:</b>		<b>Classroom location (City):</b>	

PLEASE COMPLETE FORM TO ASSIST WITH SCHEDULING THE IN VEHICLE PORTION. WE NEED TO KNOW WHEN YOU ***WILL BE AVAILABLE and/or WON'T BE AVAILABLE (list a brief reason, exp: dentist appt or school activity)***. WE GENERALLY SCHEDULE IN TWO HOUR SESSIONS TO ACCOMPLISH BOTH DRIVING AND OBSERVATION TIME.

**FIRST WEEK OF CLASS:**

**WEEK TWO:**

*PLEASE MARK THE DATES TO ASSIST US*

MONDAY:		MONDAY:	
TUESDAY:		TUESDAY:	
WEDNESDAY:		WEDNESDAY:	
THURSDAY:		THURSDAY:	
FRIDAY:		FRIDAY:	
SATURDAY:		SATURDAY:	
SUNDAY:		SUNDAY:	

**WEEK THREE:**

**WEEK FOUR:**

MONDAY:		MONDAY:	
TUESDAY:		TUESDAY:	
WEDNESDAY:		WEDNESDAY:	
THURSDAY:		THURSDAY:	
FRIDAY:		FRIDAY:	
SATURDAY:		SATURDAY:	
SUNDAY:		SUNDAY:	

**WEEK FIVE:**

**WEEK SIX:**

MONDAY:		MONDAY:	
TUESDAY:		TUESDAY:	
WEDNESDAY:		WEDNESDAY:	
THURSDAY:		THURSDAY:	
FRIDAY:		FRIDAY:	
SATURDAY:		SATURDAY:	
SUNDAY:		SUNDAY:	

PLEASE BE AWARE THE DRIVING PORTION OF SEGMENT 1 WILL NOT BE ACCOMPLISHED BY THE LAST DAY OF CLASS.