West Central Michigan Driver Education

Student Contract, Segment II

www.wcmde.com

Office Hours: Monday - Friday, 9am - 5pm	ffice Hours: Monday - Friday, 9am - 5pm		Dept of State Certification # P000130	
Owner Instructor: Norm Stricker All corr	respondence goes to:			
WCMDE - 176	603 21 Mile Rd - Big Rapids, MI 49307	- phone (231)796-	-0864	
Classroom Location:		Program Number	· <u> </u>	
Beal City - High S Other -	School, 3180 W Beal City Rd., Beal City	y	office use	
**please refer to the website Class Calendar (office use only)				
Please Print:	_	//20 Date of Birth_	student phone #	
Student Name: Last				
Student address				
arent/s or Legal Guardian Name/s (and address if different from student)		Parent Cell an	Parent Cell and/or Work Phone	
>	/	/		
>//		phone #		
NOTICE – This provider is required to be with the provider, please complete the Drivwww.michigan.gov/teendriver. Completio For a student to take part in Segment II, v driving (including 2 hours at night) with a license, which has been issued for not less to the state of the st	ver Education Complaint form found (on of driver education instruction does verification must be received that the stablecensed parent or guardian (or parent than 3 continuous months.	a the Department of not guarantee qualif tudent has completed	f State website; ication for a driver license. I a minimum of 30 hours of	
Please certify time and hours have been m	parent or studen	nt instr	ructor or representative	
Early registration is a guarantee of will accept payment by check, more 2. The required score to pass the STA'	TERMS ay the amount of \$75 which needs to be proposed in the class; please mail in contraction or cash if in person. Please do at TETEST is 70%; the student will have a mergency the student must make up that design of the student must make up the stu	et and payment to the a o not mail cash. It max of 3 attempts to	above address. WCMDE pass the test.	
	REFUND POLICY			
refunded.	to withdraw from the course before its co		ent will be returned or	
Student Signature	Paren	arent/Guardian Signature		
Provider Owner/ Designated F	 Rep	Date of Contract		