



# MR. BENTLEY'S DRIVING SCHOOL, LLC

12456 Pine Ridge Drive Perry, MI 48872

Phone: (517) 675-7491

E-mail – [mr Bentley'sdrivingschool@gmail.com](mailto:mr Bentley'sdrivingschool@gmail.com)

Office Hours: M – F: 3:00 pm – 5:00 pm

Department of State Provider Certification #: P000564

## TEEN SEGMENT TWO CONTRACT

Session / Program Number (Date of 1st Class): (Year) 20 \_\_\_\_ (Month) \_\_\_\_ (Date) \_\_\_\_ - P2

Please list ALL Dates / Times for your desired session: \_\_\_\_\_

**Classroom Locations:** See website for location of YOUR SESSION. Check the box next to your session's posted location.

- Perry Upper Elementary School, room 116. The building address is 2775 W. Britton Road, Perry. Access to this classroom can be made by approaching the south side of the building using Keeney Street and entering through the S4 door. After entering, turn left and the classroom will be on your left.
- Perry High School, room 149. Enter through the MAIN entrance door labeled W4 at the end of Keeney Street, Perry.

### Student Information

Student First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Student's Phone: (\_\_\_\_) \_\_\_\_\_ (circle: Home - Cell) Student Date of Birth: \_\_\_\_ - \_\_\_\_ - 20 \_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ (circle: Home - Work - Cell)

Parent / Guardian's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Parent Email address: \_\_\_\_\_ (We will email you to confirm class placement.)

Emergency Contact Person (Other than parent/guardian) Name & Phone: \_\_\_\_\_

### COURSE PROVISIONS

**Mr. Bentley's Driving School, LLC will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor. A driving log must be presented to verify that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent/guardian or a designated licensed adult driver 21 or older.**

**A log was (or will be) presented on or before the first classroom session. Parent initials: \_\_\_\_\_**

**The Student must have held a Level 1 License for not less than 3 months. Parent initials: \_\_\_\_\_**

### COURSE TERMS

**The Parent or Legal Guardian agrees to pay the total amount of \$75 one week prior to the beginning of the first class in the form of cash, check, money order or debit/credit card (at NO additional fee). In the event of a check being returned for insufficient funds, a fee of \$30 will be charged and collected prior to completion of course. Students are required to be present for ALL scheduled classroom sessions to successfully complete the course.** Failure to be present for all three sessions will result in unsuccessful completion. The student may enroll in a future session and will need to pay the course fee for that session in full. The Student will need to attend all three classes regardless of attendance in previous attempted sessions.

**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 DES-P11 Statement of Complaint form found at: [Michigan.gov/DriverEd](http://Michigan.gov/DriverEd).

Completion of a driver education course does not guarantee qualification for a driver license.

v.01.26.2026



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A Segment 2 Completion Receipt is provided after the Student successfully completes the course. A \$25 fee will be charged for replacement Completion Receipts.

Parent initials: \_\_\_\_\_

## REQUIREMENTS TO PASS THE COURSE

- Required attendance (class-6 hours) per State of Michigan requirements.
- Successful completion of coursework as required.
- Successful completion of the State Exam. **The Student will be allowed up to 2 retakes (3 attempts in all) to pass the State Exam, which requires a score of at least 70%. There is NO additional fee for retakes.**

## REFUND POLICY

If for any reason the Student withdraws from the course before its completion, the Student's refund will be based on the following:

- A full refund minus \$25 will be issued if the Student withdraws at least 24 hours prior to the first class.
- No refund will be given if the Student withdraws on the day of the 1st class.
- If the Student chooses to withdraw from this class with intention to attend a future class, the fee will not be applied to a future session.

## ACCOMMODATIONS

Does the Student require any special accommodations to participate in the classroom phase (i.e. test being read, interpreter, etc.)? **Yes** \_\_\_ **No** \_\_\_ If Yes, please explain. \_\_\_\_\_

## TO BE CLEAR, TO REGISTER FOR THIS COURSE...

Either mail or hand-deliver an envelope labeled Mr. Bentley's Driving School to our USPS locked mailbox at the address in the header. Include...

- **This form** neatly, accurately and completely,
  - A **photocopy** of the student's **Level 1 license**,
  - **\$75 fee** in the form of cash, check, money order or note stating you wish to use a credit/debit card.
- We will then call you for details.

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

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Provider's Authorized Official's Signature: \_\_\_\_\_

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