



MR. BENTLEY'S DRIVING SCHOOL, LLC

12456 Pine Ridge Drive Perry, MI 48872

Phone: (517) 675-7491

E-mail – mrkentleysdrivingschool@gmail.com

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

Department of State Provider Certification #: P000564

Segment 1 Checklist

- ☐ Look at **ALL** class dates on the website and confirm that the student can and will arrive on time and attend every class.
- ☐ Look at the student's calendar and confirm that s/he is available during **ALL** daylight hours (except weekday school hours) during **All** weekdays, weekends and holidays during the weeks during the session and up to two weeks after the last class session for in-car lessons.
- ☐ Carefully read **ALL** three pages of the following contract.
- ☐ Print the contract from the website and fill it out accurately and completely.
- ☐ Make a copy of the student's birth certificate.
- ☐ Prepare the **\$475** course fee. We accept cash, checks and debit/credit cards over the phone (no additional fee).
- ☐ In an envelope addressed to Mr. Bentley's Driving School, include...
 - ☐ Contract page 1, completed accurately and neatly
 - ☐ Contract page 2, completed accurately and neatly
 - ☐ Contract page 3, completed accurately and neatly
 - ☐ Copy of Birth Certificate, with SSN blackened out
 - ☐ Cash, Check or Money Order for \$475 or note asking Mrs. Bentley to call to obtain debit/credit card information (no additional fee).
- ☐ Either mail or hand-deliver and deposit the envelope to our USPS locked mailbox at the address in the header. This address is our home and NOT a class location. Class locations are posted on our website.



NOTE: Once we have received your envelope, we will notify you to confirm placement.



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TEEN SEGMENT ONE CONTRACT

Session / Course Number (Date of 1st Class): (Year) 20 ____ (Month) ____ (Date of 1st Class) ____ - P1

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

- ☐ Perry Upper Elementary School, room 120. The building address is 2775 W. Britton Road, Perry.
☐ Perry High School, room 125. Enter through the MAIN entrance door labeled W4 at the end of Keeney Street in Perry.
The classroom can be found by walking to the end of the hall, then turning left. The classroom will be on your left.

Student Information (Please write neatly.)

Student First Name: _____ Middle: _____ Last: _____

Student Address: _____ City: _____ State: _____ Zip Code: _____

Student's Phone: (____) _____ (circle: Home - Cell) Student Date of Birth: ____ - ____ - 20 ____

School District Student Attends: _____

Parent/Guardian's Name: _____ Phone: (____) _____ (circle: Home - Work - Cell)

Parent / Guardian's Address: _____ City: _____ State: _____ Zip Code: _____

Parent Email address: _____ Other Emergency Contact Name & Phone: _____

COURSE PROVISIONS

Mr. Bentley's Driving School, LLC will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time with a certified Michigan Driver Education Instructor. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed. The student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate is required. Mr. Bentley's Driving School, LLC will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.

Please understand that attending **EVERY** class is required. Please enroll **ONLY** if you can commit to all 12 classes dates/times. Furthermore, six 2-hour and 3-hour in-car driving appointments are also required. **These in-car lessons will take place during any/all daylight hours, during weekdays, weekends and holidays during the session and up to two weeks after the last class session.** We will not schedule in-car lessons during the hours of a typical school day.

Initial to accept: _____

Please list **ALL Dates / Times** for your desired session: _____

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

v.09.16.2026



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COURSE TERMS

The Parent or Legal Guardian agrees to pay the total amount of \$475 in the form of cash, check, money order or credit card (at no additional fee). In the event of a check being returned for insufficient funds, a NSF fee of \$30 will be charged and collected prior to certificate being issued. The cost of materials and supplies for this course is included in the fee. The Student is responsible for lost, stolen, or damaged textbooks used in the course. A \$30 replacement fee will be charged and collected prior to the certificate being issued.

Initial to accept: _____

Students are required to be present for ALL agreed upon scheduled classes and driving appointments. The Secretary of State Driver Education requires this of all students who desire a Segment 1 Certificate of Completion. In the event of an absence due to illness or emergency, the student must make up the driving or same-missed class session in the next available Segment 1 course. A Segment 1 Certificate of Completion cannot be issued until all class/driving/observations are made up. If a student misses more than two classroom sessions for **any** reason, the student will be automatically dropped from the course. No refund will be given. **In the event of a driving appointment “no-show” or cancellation without 24 hours notice, a fee of \$25.00 will be charged.** This fee must be paid prior to any additional drives being given or certificate being issued. A Segment 1 Completion Receipt is provided after the Student successfully completes the course. A \$25 fee will be charged for replacement Completion Receipts.

Initial to accept: _____

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 \$30 administrative fee will be issued if the Student withdraws from the class at least seven (7) days prior to the start of the first classroom session.
- A full refund minus \$200 will be issued if the Student withdraws from the class fewer than seven (7) days prior to the start of the first classroom session but more than 24 hours prior to the start of the first classroom session.
- No refund will be given if the Student withdraws less than 24 hours before the beginning of the first class.

Initial to accept: _____

REQUIREMENTS TO PASS THE COURSE

- Required attendance (class-24 hours / road-6 hours / observation-4 hours) per State of Michigan minimum 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.**
- **The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.**

Initial to accept: _____



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BTW WAIVER

Section 33(d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing. I, the Parent/Legal Guardian of the Student, waive this requirement. I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle driven by another driver education student. To NOT waive this requirement, leave the following 3 lines blank.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Provider's Authorized Official's Signature: _____

ACCOMMODATIONS/MEDICAL CONDITIONS

1. 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. _____
2. Does the Student require any special accommodations to participate in the BTW phase (i.e. adaptive devices, interpreter, etc.)? Yes _____ No _____
If Yes, please explain. _____
3. Are there any medical conditions that would pose a concern with the Student's BTW instruction (epilepsy, color blindness, etc.)? Yes _____ No _____
If Yes, please explain. _____
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes _____ No _____
If Yes, please explain. _____
5. Is the Student's visual acuity at least 20/40 corrected? No _____ Yes _____
6. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes _____ No _____
7. In the last six months, has the Student had a physical or mental condition which may affect his/her ability to drive a motor vehicle safely? Yes _____ No _____

If the answer to #5 is no OR if any of the other questions 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 under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

To successfully complete student registration, all three pages of this contract must be filled out completely and submitted AND a copy of the student's birth certificate (with the social security number blackened out) to verify eligibility (14 years, 8 month by first day of class) must be submitted AND the course fee must be PAID IN FULL.

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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