



**BEHIND-THE-WHEEL TRAINING AGREEMENT
FOR ONLINE STUDENTS**

ENTERPRISE NAME Debbie's Driving Academy		LICENSE # 1079-1229	
CLASSROOM ADDRESS 8149 Slabtown Road	CITY Columbus Grove	STATE Oh	ZIP CODE 45830-

[Name of Enterprise], hereinafter referred to as "The Driving School" agrees to provide applicant, hereinafter referred to as "Student", 8 hours of behind-the-wheel training based on the Ohio Driver Training Curriculum. The student will complete the 24 hour equivalent of required classroom with an Ohio approved online provider. The student must provide a certificate of enrollment in an approved online driver education program to begin the eight hours of behind-the-wheel training. State of Ohio regulations require all training be made available by _____. Should a student be unable to attend available training sessions offered, the school is relieved of the aforementioned obligation. The Driving School shall furnish a licensed instructor and a motor vehicle for instruction. The tuition for said instruction is \$350.00.

Any additional in-car training may be obtained at the hourly rate of \$50.00 per hour. If applicable, the Student may, for an additional fee of \$50.00, use the Driving School's vehicle to take a driving exam at a State exam center located in Allen County, OH.

The Student is required to obtain a valid temporary driving permit and pay tuition in full prior to scheduling the practical driving portion of the training. If the student must cancel a scheduled driving appointment, cancellation must be made a minimum of 24 hours prior to the scheduled appointment. Failure to do so may result in an additional fee of \$50.00. The same fee shall apply should the Student fail to appear for, or for any reason not prepared to take, the scheduled lesson. Should a check received as payment of tuition in whole or in part, be returned due to insufficient funds, the Student may be removed from the driving schedule until such a check is made good. An additional fee may be charged for any returned check.

The student is required to complete all available training within six months of the date the training begins. No student is permitted to complete more than four hours of online and behind-the-wheel training in a twenty-four hour period. The Driving School must make available any remaining behind-the-wheel training once the student provided proof of completion of an online driver education program. There may be no refunds provided after that time. Upon expiration of this agreement, a reinstatement fee may be charged before any further services are provided. The Driving School does not guarantee the issuance of a driver license to the Student. If training is not completed within the six months, a new agreement shall be established and training shall be restarted.

The Driving School reserves the right to cancel this agreement at any time, should the Student's conduct indicate a lack of responsibility deemed necessary by The Driving School to safely operate a motor vehicle. Destruction of property, or the possession, distribution, or use of any tobacco product, alcohol, or drug of abuse is strictly prohibited. Should this agreement be cancelled under such circumstances, all fees may be pro-rated, based upon hours of service provided prior to cancellation.

Refund Policy: 0

The Driving School shall furnish a certificate of completion to all students under the age of eighteen years, who successfully complete the course. Completion, as defined by the State of Ohio, refers to the completion of the required number of hours online and the student's good-faith effort having been exercised during the practical driving portion.

Commercial Driving schools are licensed by the Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, Ohio 43223. Valuable information for parents and teenagers is available on the internet at www.drivertraining.ohio.gov, under Parents and Teens.

I have read and understand and have received a copy of this agreement.

SCHOOL OFFICIAL		SCHOOL OFFICIAL SIGNATURE X	DATE
STUDENT	STUDENT D.O.B.	STUDENT SIGNATURE X	DATE
PARENT / GUARDIAN		PARENT / GUARDIAN SIGNATURE X	DATE

School official must be the authorizing official, training manager, or instructor. The Driving School may add addendum(s) in accordance with Ohio law.

Debbie's Driving Academy

8149 Slabtown Road
Columbus Grove, Ohio 45830
(419) 641-6400

NON-COMMERICAL DRIVER EDUCATION AGREEMENT

STUDENT'S FIRST NAME

FIRST _____ MIDDLE _____ LAST _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

Date of Birth:		Student Phone:	
Age:		Mom's Phone:	
Permit Number:		Dad's Phone:	
Validation Date:		Other Phone (Specify)	
High School Name:		Mother's Name:	
		Father's Name:	

The total cost for the 8 hours of behind-the-wheel training agreement for online students is \$350.00. That should the school be ready, willing and able to fulfill its part of the agreement, NO REFUNDS shall be made after the student starts training. Additional driving lessons are available at \$50.00 per one (1) hour lesson. Use of the school's vehicle for the state test is not included in the course price. The school vehicle can be rented for a flat \$50.00 per test time.

A \$50.00 CANCELTION FEE WILL BE CHARGED FOR THE FOLLOWING:

1. If a student/parent fails to cancel behind-the-wheel lesson a minimum of twenty-four (24) hours in advance.
2. Not showing up or showing up late for a behind-the-wheel lesson.
3. Showing up for a behind-the-wheel lesson without their permit (this will result in cancelation of the driving and lesson will need to be re-scheduled)

NO EXCEPTIONS

Student: _____ Date: _____

Parent / Guardian: _____ Date: _____

Driving School Official: _____ Date: _____

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EMERGENCY MEDICAL FORM

Student Information

Students Name _____	Date _____
Parent/Guardian Name _____	Phone # _____
Doctor _____	Phone # _____
Dentist _____	Phone # _____
Medical Specialist _____	Phone # _____
Local Hospital _____	Phone # _____

Please list any information concerning the child's medical history, including allergies, medications being taken, and any physical impairment.

Emergency Telephone Numbers

Please list any other authorized persons to contact if your child is ill or injured

1 st Contact _____	Relation _____	Phone # _____
2 nd Contact _____	Relation _____	Phone # _____
3 rd Contact _____	Relation _____	Phone # _____
4 th Contact _____	Relation _____	Phone # _____

EMERGENCY MEDICAL AUTHORIZATION

_____ Yes, I authorize consent for emergency medical treatment.
_____ No, I DO NOT authorize consent for emergency medical treatment.

EMERGENCY SURGERY AUTHORIZATION

_____ Yes, I authorize consent for emergency surgery following two opinions.
_____ No, I DO NOT authorize consent for emergency surgery following two opinions.

Signature of Parent or Guardian

Date