The Driving School.

Tuscarawas County Office 834 East High Avenue New Philadelphia, Ohio 44663 St. Clairsville, Ohio 43950

Belmont County Office 67400 Betty Lee Way

Guernsey County Office 7077 Glenn Highway Cambridge, Ohio 43725

BEHIND-THE-WHEEL TRAINING AGREEMENT FOR ONLINE STUDENTS

Student Name:				DOB:	Home Phone:	
	First	MI	Last			
Address:				Student Cell:		
City:			Zip:		Parent Cell:	
Permit #/DL N	NO:		_ Permit Date:_		High School:	
agrees to p	orovide appli	cant, herein	after referred to	o as "Stude	I to as "The Driving School" nt", 8 hours of g Curriculum. The student will	
-					provider prior to beginning the	
		_	=		riginal certificate of completion he eight hours of	
behind-the	-wheel train	ing. State of	f Ohio regulation	ons require	all training be made available ad available training sessions	
offered fro	om the ESC	Office, the s	chool is relieve	ed of the afo	prementioned obligation. The	
_					or vehicle for instruction. The	
			=		ning may be obtained at the	
-	-				ne Driving School, may, for a	
rental fee o	of \$10.00 pe	r week, rent	a set of cones	and poles to	practice maneuverability from	

The Student is required to have a valid temporary driving permit and pay tuition in full prior to being scheduled for the behind-the-wheel training. If the Student must change or cancel a scheduled driving appointment, the request must be made via email to stacy.sanders@ecoesc.org at least 72 hours prior to the scheduled driving appointment. Changes and cancellations that do not occur prior to 72 hours of scheduled driving appointment will result in a \$35 cancellation/re- scheduling fee. The same \$35 fee shall apply should the Student fail to appear, or for any reason not be prepared to take the scheduled lesson (no permit). The Driving School reserves the right and must deny the Student admittance to any class if the Student is tardy. Should a check received for 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 of \$50 is charged for any returned check.

The Student is required to complete all available training within six months of the date the contract was signed. 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 will 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 of \$200 will be charged before any further services are provided. The Driving School does not guarantee the issuance of a driver license to the Student. Students are unable to use the Driving School vehicles for the final test at the Drivers Examination Station.

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, \$75 per hour, based upon hours of service provided prior to cancellation. All vehicles are monitored by audio and video recordings.

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 24 hours of online and the student's good-faith effort having been exercised during the 8 hours of practical driving.

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, understand, and have retained a copy of this agreement.

ESC Driving School Official		SC Driving School Official Signature	Date
	X		
Student	Student D.O.B.	Student Signature	Date
		X	
Parent/Guardian	P	arent/Guardian Signature	Date
	x		

Please print neatly.

Date

EMERGENCY MEDICAL AUTHORIZATION PART I - TO GRANT CONSENT

School District/Attend First Name Middle Initial Last Name Student's Address Home Phone Number Student Cell Phone Number Date of Rirth RESIDENTIAL PARENT or GUARDIAN Mother Home Phone Cell Father _____ Home Phone ____ Cell ____ **CONSENT SECTION** In the event reasonable attempts to contact the above persons have been unsuccessful, I hereby give my Consent for the following medical care providers and local hospital to be called: Doctor ______ Phone _____ Hospital Phone EMERGENCY SURGERY This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained BEFORE THE SURGERY IS PERFORMED SPECIAL MEDICAL HISTORY Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent or Guardian