



BEHIND-THE-WHEEL TRAINING AGREEMENT FOR ONLINE STUDENTS

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|---------------------------------------------------------|--|----------------|------------------------|--------------------|
| ENTERPRISE NAME Urbana Driving School | | 937-652-4444 | LICENSE # 1433-2348 | |
| CLASSROOM ADDRESS 1472 East U.S. Highway 36, Suite H | | CITY Urbana | STATE OH | ZIP CODE 43078- |

Urbana Driving School, 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 180 days. 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 \$60.00 per hour. If applicable, the Student may, for an additional fee of \$N/A, use the Driving School's vehicle to take a driving exam at a State exam center located in N/A 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 \$ 40.00. 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: No refunds shall be made after the student starts instruction.

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.

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|-----------------------------------------|----------------|-----------------------------------------|--|------|
| SCHOOL OFFICIAL Christopher W Massie | | 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.



STUDENT BEHIND-THE-WHEEL TRAINING REPORT CLASS D

The most current version of this document available at www.drivertraining.ohio.gov

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|------------------------------------------|---------------|----------------------|---------------------|
| STUDENT NAME | DATE OF BIRTH | HOME PHONE # | WORK PHONE # |
| ADDRESS | | STATE | ZIP |
| PERMIT # / DRIVER LICENSE # | | DATE ISSUED | EXPIRATION DATE |
| ENTERPRISE NAME Urbana Driving School | | ENTERPRISE # 1433 | REPORT YEAR 2020 |

NOTE: Break time does not count toward the 8 hours of required instructional time.

| START DATE | | | | | Check for valid permit | Entry level procedure tasks | Minimal traffic, numerous intersections | Selective parking techniques | High speeds, sight distance, planning | Moderate traffic, in-town | Expressway, controlled access highway | Parallel parking, Maneuverability test | Country roads | Large volume of traffic | Night driving (when possible) | Lane change | RR Crossing | Passing | CERTIFICATE ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO | NUMBER ISSUED | DATE ISSUED | INSTRUCTOR INITIALS / LICENSE # | STUDENT INITIALS |
|--------------------------------------------------------------------------|------------|------------|----------|--------------|------------------------|-----------------------------|-----------------------------------------|------------------------------|---------------------------------------|---------------------------|---------------------------------------|----------------------------------------|---------------|-------------------------|-------------------------------|-------------|-------------|---------|--------------------------------------------------------------------------------|---------------|-------------|---------------------------------|------------------|
| BEHIND-THE-WHEEL TRAINING PERFORMANCE CODE 3-GOOD 2-FAIR 1-IMPROVMENT | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | START TIME | BREAK TIME | END TIME | HOURS DRIVEN | | | | | | | | | | | | | | | | | | | |
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I, the undersigned Instructor, certify that the Student has satisfactorily completed the behind-the-wheel instruction required by this chapter and section 4508.02(C) of the Revised Code.

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| SIGNATURE OF INSTRUCTOR X | DATE |
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Optional:
I, the undersigned Parent/Guardian, certify that I have met with the Instructor concerning the Driver Education instruction received by my child.

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|--------------------------------------------|------|
| SIGNATURE OF PARENT / GUARDIAN X | DATE |
|--------------------------------------------|------|

No person shall falsify, alter or in any manner tamper with any records required to be kept by the Ohio Administrative Code.

Urbana Driving School

Medical Release Form

This form is required to be on file before students may begin the behind the wheel portion of Driver's Education.

Student Name _____ Age _____

Parent/Guardian Name _____

Home/Cell Phone _____ Work Phone _____

Physician's Name/Phone _____

Hospital _____

My student has the following medical conditions that may affect him/her in the car:

In the event neither parent/guardian nor the physician listed above can be reached, I hereby authorize the *Urbana Driving School* or their designee to obtain emergency medical care for my student when, in the opinion of a physician and/or surgeon licensed under the *Medical Practice Act*, that such medical care is for the best interest of the student and should not be delayed pending consent of the parent/guardian or family physician. I understand that *Urbana Driving School* has insurance, which pays for the medical or hospital costs that might be incurred by my student if involved in an accident in our car. Consequently, I understand that any and all costs shall be my sole responsibility.

Parent/Guardian Signature _____ Date _____