

COMMERCIAL DRIVER TRAINING SCHOOL AGREEMENT

GOOD ONLY FOR TEEN COURSE AT LOCATION LISTED ABOVE

PLEASE PRINT FORM, FILL IN FULL LEGAL NAME BELOW, SIGN AND BRING TO CLASS.

Students Name:	
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Address:			
City:	State:	Zip:	

Email Address			
Phone:	Date of Birth:		
High School:	In-Car County:		

Cert #	Date Issued:		
Temp ID #	Expiration Date:		

Full Course will consist of: 24 Classroom Hrs. and 8 Driving Hrs. Total Cost: \$ _____

Optional Services: Additional hrs. @ \$75.00 per hr. Vehicle for State Test @ \$150.00

NO REFUNDS WILL BE ISSUED ONCE THE STUDENT BEGINS CLASS

THE DRIVING SCHOOL SHALL PROVIDE 24 HOURS OF CLASSROOM INSTRUCTION AND EIGHT HOURS OF BTW TRAINING BASED UPON THE OHIO DRIVER TRAINING CURRICULUM, AND SHALL FURNISH A LICENSED INSTRUCTOR AND A MOTOR VEHICLE FOR INSTRUCTION. THE DRIVING SCHOOL DOES NOT GUARANTEE THE ISSUANCE OF A DRIVER'S LICENSE TO THE STUDENT

FAILURE OF THE STUDENT TO APPEAR OR CANCEL A BTW APPOINTMENT A MINIMUM OF FORTY-EIGHT (48) HOURS IN ADVANCE SHALL RESULT IN STUDENT BEING ASSESSED A \$25.00 CHARGE. CHARGE FOR A REPLACEMENT CERTIFICATE WILL BE AN ADDITIONAL \$15.00.

Heights Driving School and the Student have six (6) months from the first date of instruction to fulfill the requirements of this Agreement under Ohio law. THE STUDENT IS REQUIRED TO COMPLETE ALL AVAILABLE TRAINING WITHIN SIX MONTHS FROM THE FIRST DATE OF INSTRUCTION. UPON EXPIRATION OF THIS AGREEMENT, ADDITIONAL FEES MAY BE CHARGED. PRICE SUBJECT TO CHANGE AT ANY TIME.

If you have any concerns regarding classes or in-car training, contact the school's owner or authorized official at 440-449-7730 or go to www.heightsdriving.com/feedback.html. Said issues will be addressed within five (5) business days (when possible), but no later than thirty (30) business days from the date of receipt of the complaint. Driver training schools are licensed by The Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, Ohio 43223.

I HAVE READ, UNDERSTAND AND RECEIVED A COPY OF THIS AGREEMENT.

Heights Official	Date	
Parent or Guardian	Date	
Student	Date	
Payment Amount	Type	Date

Classroom & In-Car Instructions

Instructor Copy

Temp #:	Issue Date:		Validation Date:					
Class #	1	2	3	4	5	6	7	8
Clock Hours								
Date								
Start Time								
Break Time								
End Time								
Student								
Instructor								

FINAL ANSWER SHEET																			
1	T	F		6	A	B	C	11	T	F		16	A	B	C	21	T	F	
2	T	F		7	A	B	C	12	T	F		17	A	B	C	22	T	F	
3	T	F		8	A	B	C	13	T	F		18	A	B	C	23	T	F	
4	T	F		9	A	B	C	14	T	F		19	A	B	C	24	T	F	
5	T	F		10	A	B	C	15	T	F		20	A	B	C	25	T	F	
26	A	B	C	31	T	F		36				41	T	F					
27	A	B	C	32	T	F		37				42	T	F					
28	A	B	C	33	T	F		38				43	T	F					
29	A	B	C	34	T	F		39				44	T	F					
30	A	B	C	35	T	F		40				45	T	F					
46																			
47																			
48																			
49																			
50																			

Test Score

x	
Student	Date
x	
Instructor	Date

In Car Instruction:	1 - Improvement Needed	2 - Beginning	3 - Progressing	4 - Competent	5 - Exemplary	
Lesson Number	1	2	3	4	5	Comments
Date						
Start Time						
End Time						
Break Time (if over two hours)						
Hours Driven						
Check for Valid Temp (check box)						
Entry Level Tasks (pre-drive/start/stop)						
Minimal Traffic, Intersections						
Moderate Traffic						
Use of Mirrors						
Vehicle Spacing						
Lane Changing						
RR Crossing						
Country Roads						
Night Driving (when possible)						
Sight Distance, Planning, Higher Speeds						
Backing/Parking						
Maneuverability (Parallel Parking)						
Expressway/Controlled Access Highway						
Instructor Number/Initials						
Student						

We, the undersigned instructors, certify that the student has satisfactorily completed the classroom and driving instruction required by Rule 4501-7-09 of the Administrative Code, and 4508.02 C of the Ohio Revised Code.

x _____
 Classroom Instructor

x _____
 In-Car Instructor