



Driving School

157 East Main Street,
St. Clairsville, OH
License 428-428

58 Maplewood Ave
Wintersville, OH 43953
License # 428-430

Corporate Office
157 East Main Street
St. Clairsville, OH 43950

Call or Text 740-695-0054

e-mail: ameridrive@gmail.com

www.ameridriveoh.net

BEHIND-THE-WHEEL TRAINING AGREEMENT FOR ONLINE CLASS STUDENTS

Ameridrive Driving School agrees to provide the student 8 hours of behind the wheel training based on the Ohio Driver Training Curriculum. The student will complete the twenty-four hours equivalent of required classroom with an Ohio approved classroom provider. The student must provide a certificate of enrollment of an approved online driver education program to begin the eight hours of behind the wheel training. State Ohio regulations require all training be made available by six months of beginning the classroom online course. Should a student be unable to attend available training sessions offered, the driving school is relieved of the aforementioned obligation. The driving school such furnish a licensed instructor and motor vehicle for behind-the-wheel instruction. The tuition for said instruction is \$350.00 due the first driving session.

Any additional in car training desired may be obtained at the rate of \$50 per hour of instruction. The student may, for an additional fee of \$50.00, use the Driving School's vehicle for the driving exam at the DMV located in Belmont County Ohio.

The student is required to obtain a valid Ohio temporary permit and pay tuition fee prior to beginning of driving sessions. If a student must cancel a scheduled driving appointment, cancelation must be made a minimum of 24 hours prior to the scheduled appointment. Failure to do so will result in an additional fee of \$25.00. The same fee shall apply should the student fail to appear, or for any reason not be prepared to take the scheduled lesson.

Should a check received as payment of tuition be returned due to insufficient funds, the student will be removed from the driving schedule until such payment is made good. A fee of \$35 will be charged for the returned check.

The state of Ohio requires the student complete all training within six months of the date training begins. No student is permitted to receive more than 4 hours of online and behind the wheel instruction in a twenty-four-hour period. Upon expiration of this agreement, a reinstatement fee may be charged before any further instruction is provided. The driving school does not guarantee the issuance of a driver license to the student. If training is not completed within six months, a new agreement shall be established and payment made, before the training can begin.

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 instructor 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.

Refund Policy: No refunds will be issued, no exceptions!

The Driving School shall furnish a final certificate of completion to all students under age 18, 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 teen is available online at www.drivertraining.ohio.gov. under heading of parents and teens. I have read, understand and agree to abide by the terms of this agreement.

School Official: Mary Lyons Signature *Mary Lyons* Date 1/202

Print Name _____ Signature _____ Date _____
Student

Parent _____ Signature _____ Date _____

Student Emergency Medical Form

Student Name _____

Address _____ *City* _____

State _____ *Zip* _____

Home phone # _____ *Date of Birth* _____

Mother's Name _____ *Phone #* _____

Father's Name _____ *Phone #* _____

Name of additional Authorized Person to contact if parent is unavailable

_____ *Phone #* _____

Relationship to student _____

Doctor's Name _____ *Phone #* _____

Preferred Hospital _____

List any information concerning student's medical history, including allergies, medications, physical impairments or additional pertinent information

Emergency Medical Authorization

_____ *Yes, I authorize consent for emergency medical treatment*

_____ *No, I Do Not authorize medical emergency treatment*

Signature of Parent/Guardian _____ *Date* _____