# OHIO DEPARTMENT OF PUBLIC SAFETY

STUDENT CLASSROOM TRAINING REPORT

The most current version of this document available at www.drivertraininq.ohio.qov

|  |  |  |  |
| --- | --- | --- | --- |
| SCHOOL NAMEConfident Driving Academy |  |  |  |
| STUDENT NAME |  | DATE OF BIRTH | PHONE # |
| ADDRESS |  |  | ZIP CODE |
| PERMIT # | DATE ISSUED | CLASS START DATE | CLASS END DATE |
| DATE | START TIME | ENDTIME | BREAK TIME | OH UNITNUMBER | TOTAL TIME | VIDEO TIMEHOURS / MINUTES | CLASSLOCATION | STUDENTINITIALSOPTIONAL | INSTRUCTORINITIALSOPTIONAL | INSTRUCTORLICENSE NUMBER |
|  |  |  |  |  1,2,3 | 4 | 1 | 09 |  |  |  |  |
|  |  |  |  |  4,5,6 | 4 |  | 52 |  |  |  |  |
|  |  |  |  | 4,10 | 4 |  | 48 |  |  |  |  |
|  |  |  |  |  7,8 | 4 | 1 | 5 |  |  |  |  |
|  |  |  |  | 8,10 | 4 |  | 44 |  |  |  |  |
|  |  |  |  | 9 | 4 | 1 | 6 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
| FINAL TEST PERCENTAGE | INSTRUCTOR PRINTED NAMENadina Price Lisa Kahoun |

l, the undersigned Instructor or Training Manager, certify that the student named above has received all classroom training required by Rule 4501-7-09 of the Ohio Administrative Code (O.A.C.). The student has also received all classroom training required and 4508.02 (C) of the Ohio Revised Code. This training included at least 24 hours, and covered units 1-10 of the Ohio Driver Training Curriculum. This course must be completed within 180 days from your start date.

## SIGNATURE OF INSTRUCTOR OR TRAINING MANAGER

x

10 Ohio Curriculum Units

|  |  |  |
| --- | --- | --- |
| 1.2.3.4.5. | The System and YouVehicle FamiliarizationBasic Control TasksTraffic Control Devices and LawsStrategies for Different Environments | 1. Natural Laws Affecting Vehicles
2. Handling Emergencies
3. Operating in Adverse Conditions
4. Driver Fitness
5. Owning and Maintaining a Car
 |

No person shall falsify, alter, or in any manner tamper with any records required to be kept by the O.A.C.

Breaks: Per O.A.C. 4501-7-09 (B)(3) The total training a student received shall not exceed four hours in one day. Students receiving more than two continuous hours of training shall be permitted a break at the approximate mid-point of the lesson.DTO 0138 7/14 [760-1275]

Confident Driving Academy Rules and Regulations

The following are Rules and Regulations for student behavior and must be adhered to during classroom and behind-the-wheel instruction.

 1. Be on time and come prepared! Admittance will be DENIED if you are tardy (state regulation). If you leave

 early, you will need to retake the entire class.

1. If a student is picked up after the scheduled closing time, a fine of $15 will be imposed. Closing time is 10 minutes after the scheduled ending time. (Example: Class times 5PM-9:1OPM, closing time is 9:20PM.)
2. Show respect to the instructors and other students in the classroom. Only use polite speech and body language. No swearing, rude gestures, etc.
3. Pay attention and always promptly follow directions given by instructors.
4. Appropriate clothing is required. If you are unsure, don't wear it! A student will be asked to leave if clothing is deemed inappropriate (i.e. crop tops, super short shorts or skirts, etc.). NO FLIP FLOPS DURING DRIVES!
5. Respect other people's property.
6. Food and beverages are allowed in the classroom. Please discard your trash in proper containers.
7. NO smoking, vaping, or any tobacco or drug use on the property or in our cars, during drive times or class (including breaks). On church grounds, this is illegal!
8. Participation in class activities is required. Attend to personal needs before class or during break time. NO SLEEPING IN CLASS, you will be asked to leave.
9. If a scheduled drive time needs to be rescheduled or canceled, a 24-hour notice is REQUIRED. If the drive time is canceled with less than a 24-hour notice or no notice at all, (excuding sudden illness) that will result in a $30 NO SHOW fee. If a student does not bring their VALID permit, that will also be considered a NO SHOW. This fee must be paid before the student is rescheduled.
10. All electronic devices prohibited. ALL cell phones must be turned off when entering class or driving the cars!

The information you will learn here could possibly save your life someday, and we want you to remember it!

Students will be asked to leave if this becomes an issue and they will need to make up the class.

1. Lost or misplaced certificates will result in a $15 fee.
2. All training provided by the school shall be made available to, and completed by, the student within 6 months of the first date of training, unless mitigating circumstances occur. Mitigating circumstances include health and family issues that disrupt the student's ability to receive training. Mitigating circumstances do NOT include the inability to schedule training due to parent or student elective or extracurricular activities, such as sports or school clubs. Those mitigating circumstances shall be documented in the student's record.

Requests for special circumstances not listed to be considered as "mitigating" shall be requested through the department. If no mitigating circumstances are approved, training will be voided, and the student shall re-take the training. Upon expiration of this agreement, a reinstatement fee ($100 for classroom portion) will be charged before further services are provided. The driving portion will need to be repaid hourly.

By our signatures below, we acknowledge, understand, accept, and agree to comply with all Rules and

Regulations above. Any violation of these rules may result in the student's dismissal from the Driver Education Program and no refund will be given.

Parent/Guardian Signature:

Student Signature:

# OHIO DEPARTMENT OF PUBLIC SAFETY

TRAINING AGREEMENT

|  |  |  |  |
| --- | --- | --- | --- |
| ENTERPRISE NAMEConfident Driving Academy |  | LICENSE NUMBER 4300-2877 |  |
| CLASSROOM ADDRESS939 West Cook Road | CITYMansfield | STATE Oh | ZIP CODE |

Name of Enterprise, hereinafter referred to as "The Driving School" agrees to provide applicant, hereinafter referred to as "Student", 24 hours of theory (classroom or virtual) and/or 8 hours of behind-the-wheel training, whichever is applicable as indicated above, based on the Ohio Driver Traininq Curriculum. State of Ohio regulations require The Driving School to make available all training by 6 months from start date. Payment in full is to be made and classroom time is to accomplished 2 months from start date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No drives will be scheduled until payment in full is made.**

Should a student be unable to attend available training sessions offered, the school is relieved of the aforementioned obligation. The 24 hours of theory must be completed prior to beginning the behind-the-wheel training. Regulations prohibit more than four hours of training to be conducted in one day. The Driving School shall furnish a licensed instructor and a motor vehicle for instruction. The tuition for said instruction is $ 495.00

Any additional classroom training that the Student chooses to procure shall be furnished at the rate of $ 75.00 per hour.

Additional in-car training may be obtained at the hourly rate of $ 75.00 Student, upon the approval of The Driving School, may, for an additional fee of $ 0.00 use the Driving School's vehicle to take a driving exam at a State exam center located in **N/A** County, OH.

The Driving School may loan the Student a textbook for use during enrollment at the Driving School. A fee of $ 35.00 will be charged for any book not returned or returned damaged.

The Student may begin classroom instruction, at age 15 years and 5 months, before obtaining a temporary driving permit.

However, 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 at least

24 hours prior to the scheduled appointment. Failure to do so may result in an additional fee of $ 30

The same fee shall apply should the Student fail to appear for, or for any reason not be prepared to take, the scheduled lesson. The Driving School reserves the right to deny the Student admittance to any class if the Student is tardy. 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 driving schedule until such check is made good. An additional fee may be charged for any returned check. $30 returned check fee.

The Student is required to complete all available training within six months of the date the training begins. There will 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's 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 services provided prior to cancellation. Refund Policy: **No refunds will be given once training has begun.**

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, the student's good faith effort having been exercised during the practical driving portion, and the attainment of a score equal to or greater than 75% on the performance measurement. Should Student fail to achieve the minimum passing score on the final exam additional classroom attendance may be required.

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 Nadina Price |  | SIGNATURE OF SCHOOL OFFICIAL x | DATE |
| STUDENT | STUDENT DOB | 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).DTO 0141 6/22 [760-1275]

Emergency Medical Form

Student's Name:

Address:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Cell #:(Used for drive scheduling)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: High School Attending: Are you available to drive during school hours?(Circle) Yes or No

 Permit #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date:

Is this your first permit?(Circle) Yes or No

How many hours have you driven with your parents?

Parent/Legal Guardian Information: (This will be the main contact, along with the student, for drive time scheduling) Name/ Relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* \*Please list ALL the child's medical history including surgeries, allergies, medications being taken and any other impairments that may affect them in the classroom or while driving:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ Relationship and contact info:

Name/ Relationship and contact info:

Emergency Medical Authorization:

1, being the parent or legal guardian of grant authorization of medical treatment of this minor by a healthcare professional should the need arise while he/she is attending Confident Driving Academy.



 Signature of Parent/Guardian Date

# Liability Release Form

l,, HEREBY ASSUME ALL RISKS OF

PARTICIPATING IN ANY/ALL DRIVER'S EDUCATION ACTIVITIES being conducted at Confident Driving Academy LLC, including by way of example and not limited to, any risks that may arise from negligence or carelessness of the parties being released, from dangerous or defective equipment or property owned, maintained, controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate in

Driver's Education or related activities by a medical professional. I certify that there are no health-related reasons which preclude my participation.

I acknowledge that this Liability Release will be used by Confident Driving Academy LLC and its affiliates, and that it will govern my actions and responsibilities while participating in activities at CDA.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

1. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from CDA, THE FOLLOWING ENTITIES OR PERSONS: Confident Driving Academy, its owners, directors, instructors, employees, and affiliates; 
2. INDEMNIFY; HOLD HARMLESS, AND PROMISE NOT TO SUE The entities or persons mentioned in this contract from any and all liabilities or claims made, whether caused by negligence or otherwise.

I acknowledge that these activities may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, weather, equipment, vehicular traffic, and actions of other people,

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Driver Training.

I understand that while participating, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate  purpose (such as the CDA Facebook and Instagram accounts, or website) by Confident Driving Academy LLC and its affiliates.

I CERTIFY THAT I HAVE READ THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTAND ITS CONTENT. I AM AWARE THIS IS A RELEASE OF LIABILITY AND CONTRACT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Releasor's Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Releasor's signature (or parent/guardian if participant is under 1 8)

` Owner’s Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photo Release Form

Parent/Guardian Name:

Student Name:

\_\_\_\_\_Yes, I give permission for photos/videos of my student to be shared on Confident Driving Academy's social media platforms and website.

\_\_\_\_\_No, I do not give permission for photos/videos of my student to be shared on Confident Driving Academy's social media platforms and website.

Parent/Guardian signature: