



Copy of Driver's License

TRAINING AGREEMENT/MEDICAL RELEASE

Name: _____

Address: _____

City: _____ State: _____

Work Phone: _____ Email: _____

This form is required before students may participate in the classroom of Drivers Education.

Spouse/Family Member Name: _____ Phone: _____

Doctor's Name: _____ Dr.'s Phone: _____

Hospital Preference: _____

The student has the following medical conditions that may affect him/her in the classroom: _____

In the event spouse/family member nor the Doctor listed above can be contacted, I hereby authorize the Classic Driving Academy or his designee to obtain emergency care for me when, in the opinion of a physician and surgeon licensed under the provisions of the Medical Practice Act, such medical care will be for the best interest of the student and should not be delayed pending consent of spouse/family member or family Dr. I understand that Classic Driving Academy has Liability Insurance which covers any medical or hospital costs that might occur if I am involved in an accident while in the classroom. Consequently, I understand that any and all additional costs shall be my sole responsibility.

Signature: _____ Date: _____

217 1/2 West Center Street
Marion, Ohio 43302
740-386-2929
License Number: 1434



ADULT REMEDIAL COURSE

TRAINING AGREEMENT

ENTERPRISE NAME CLASSIC DRIVING ACADEMY
ENTERPRISE ADDRESS 217 1/2 West Center Street, Marion, Ohio 43302
NAME OF CURRICULUM OHIO'S BEST

TRAINING
NAME OF SCHOOL CLASSIC DRIVING ACADEMY agrees to provide 8 hours of Adult Remedial instruction that meets all Ohio Revised code 4510.037
The fees for said instruction is \$75.00
Replacement Certificates of Completion will be provided at an additional cost of \$15.00

PRIVACY POLICY
NAME OF SCHOOL CLASSIC DRIVING ACADEMY Will not share any personal or financial information regarding any person participating in this course. Unless such information is required by a government agency to complete the requirement of this course.

FINAL EXAMINATION
A student must correctly answer seventy-five percent (75%) of the final examination questions. If a student does not correctly answer seventy-five percent of the final examination questions, the student shall have the opportunity to retake the final examination one additional time. If the student fails to score at least seventy-five percent after taking the examination the second time, the student shall be required to retake the course.

INAPPROPRIATE BEHAVIOR AND PARTICIPATION
<i>Dismissal Policy:</i> If a student is deemed to be using inappropriate behavior or not participating in the course they will be dismissed. <i>Refund Policy:</i> The course fees will not be refunded and the student will not be readmitted to a course at this school.

CERTIFICATE OF COMPLETION
A certificate of completion will be issued to all students that successfully complete all course requirements. The requirements are: actively participating in and attending all eight hours of instruction and attainment of a score equal to or greater than 75% on the final examination.

GRIEVANCE PROCEDURE
If a student has a grievance, the complaint must be brought to the attention of the instructor in a respectful manner. The student and instructor will then attempt to settle the complaint. If the complaint is still not resolved, the owner, instructor and student will attempt to settle the complaint. Should both parties not be able to reach an agreement that is acceptable to both parties, the matter can be referred to the Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, Ohio 43223.

SCHOOL OFFICIAL NAME (print or type) KEVIN SNARE	SIGNATURE OF SCHOOL OFFICIAL X	DATE
STUDENT NAME (print or type)	SIGNATURE OF STUDENT X	DATE