D'SLADN DBA
ALL AMERICAN DRIVING EXPERIENCE
15611 W. AKRON-CANFIELD RD.
BERLIN CENTER, OHIO 44401
330-565-3729
www.allamericandrivingexperience.com

ONLINE STUDENT APPLICATION Student Application

Please print the information below:

Applicant Name:_____ **Preferred Name:**_____

Address:_____ **City:**_____ **Zip Code:**_____

Home Phone:_____ **Cell Phone:**_____

High School:_____

Permit #:_____

Age:_____ **Gender:**_____ **Birthdate:**_____ **(Must be at least 15 years and 5 months of age to start)**

Receipt #1_____ **Receipt # 2**_____ **Receipt # 3**_____ **Receipt # 4**_____

Medical Release Form

Student Name:_____ **Age:**_____

Parent/Guardian Name:_____

Home Phone:_____ **Work Phone:**_____ **Cell Phone:**_____

Secondary Contact in Case of Emergency:_____

Relationship:_____ **Phone #:**_____

Doctor's Name:_____ **Doctor's Phone #:**_____

Preferred Hospital:_____

Please list any conditions that our instructors should be made aware of that may hinder or require added attention to insure complete and full understanding:_____

_____

_____

Allergies/Medical Conditions_____

In the event that the parent/guardian nor the doctor named above can be contacted, I hereby authorize an D'SLADN Inc. representative or Instructor of AADE to obtain medical care for the student when, in the opinion of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, such medical care will be in the best interest of the student and should not be delayed pending consent of the parents/guardians and/or family doctor. I understand that D'SLADN DBA AADE has insurance which pays for the medical or hospital costs that might be incurred on behalf of my student while in an accident in our company car. Consequently, I understand that any other costs shall be my sole responsibility.

PARENT/GUARDIAN Signature:_____ **RELATIONSHIP:**_____

Ohio Traffic Safety Office

OHIO DEPARTMENT OF PUBLIC SAFETY
DRIVER TRAINING

BEHIND-THE-WHEEL TRAINING AGREEMENT FOR ONLINE STUDENTS

ENTERPRISE NAME		LICENSE #	
All American Driving Experience		1479	
ENTERPRISE ADDRESS	**CITY**	**STATE**	**ZIP CODE**
15611 Akron- Canfield Rd	Berlin Center	OH	44401-####

All American Driving Experience], 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 completion from 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 (6m)_____. 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 $400_____.

Any additional in-car training may be obtained at the hourly rate of $40___ per hour. If applicable, the Student may, for an additional fee of $100___, use the Driving School's vehicle to take a driving exam at a State exam center located in _____ _____ 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__. 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 from the date this contract is signed and a payment to the driving school is made. 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 refund will be issued for students misconduct, endangering propertyof others or after Behind the wheel training has statrted.

The Driving School shall furnish a certificate of completion to all students who successfully complete the course. Certificates of completion will be issued no more than 5 business days from the completion of training. 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.

SCHOOL OFFICIAL		SCHOOL OFFICIAL SIGNATURE		DATE
(AADE- instructor)		X		
STUDENT	**STUDENT D.O.B.**	**STUDENT SIGNATURE**		**DATE**
		X		
PARENT / GUARDIAN (Not applicable for students 18 and over)		**PARENT / GUARDIAN SIGNATURE**		**DATE**
		X		
STUDENT ADDRESS	**CITY**		**STATE**	**ZIP**
PHONE		**PAYMENT DATE**		