D'SLADN DBA
ALL AMERICAN DRIVING EXPERIENCE
426 WEST BROAD STREET
NEWTON FALLS, OHIO 44444
330-872-4127/330-565-3729
www.allamericandrivingexperience.com

NEWTON FALLS 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

TRAINING AGREEMENT

ENTERPRISE NAME			LICENSE NUMBER
All American Driving Experience			1479
CLASSROOM ADDRESS	CITY	STATE	ZIP CODE
426 West Broad St	Newton Falls	OH	44444-

[All American Driving Experience], hereinafter referred to as "The Driving School" agrees to provide applicant, hereinafter referred to as "Student", 24 hours of theory (classroom or virtual) and 8 hours of behind-the-wheel training, based on the Ohio Driver Training Curriculum. State of Ohio regulations require The Driving School to make available all training by _____. 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 for students under the age of 18 years. Students, age 18 years and older, may take no more than 8 hours of theory in one day. The Driving School shall furnish a licensed instructor and a motor vehicle for instruction. The tuition for said instruction is $ 450.00_____.

Any additional classroom training that the Student chooses to procure shall be furnished at the rate of $ 40.00_____ per hour. Additional in-car training may be obtained at the hourly rate of $ 40.00_____. Student, upon the approval of The Driving School, may, for an additional fee of $ 100.00_____ use the Driving School's vehicle to take a driving exam at a State exam center located in _____ County, OH.

The Driving School may loan the Student a textbook for use during enrollment at the Driving School. A fee of $ 45.00_____ 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 $ 40.00_____.

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.

The Student is required to complete all available training within twelve months from the first date of training. There may 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 refund will be issued for student misconduct, endangering the property of others or once Behind the Wheel training has started.

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, 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.

DRIVING SCHOOL OFFICIAL		SIGNATURE OF DRIVING SCHOOL OFFICIAL X		DATE
STUDENT	STUDENT DOB	STUDENT SIGNATURE X		DATE
PARENT / GUARDIAN		PARENT / GUARDIAN SIGNATURE X		DATE
STUDENT ADDRESS	CITY		STATE	ZIP
PHONE				

Driving school official must be the authorizing official, training manager, or instructor. The Driving School may add addendum(s).