

**\*\* THIS IS NOT A REGISTRATION FORM – Please be sure to keep a copy for your records after signing\*\***

**ALL STAR DRIVER EDUCATION, Inc.**

**OHIO DRIVER EDUCATION CONTRACT**

License #1339 - [www.allstarde.com](http://www.allstarde.com) – (734) 665-7374

This contract is entered into by and between All Star Driver Education Inc., and

Students Full Name: \_\_\_\_\_ High School \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Tuition Cost: \$ \_\_\_\_\_ Class Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Must Complete Course By: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(180 days after class start date)

Class Location (School Name & Address):

All Star Driver Education, Inc. shall provide at least a total of thirty two hours of instruction. Instruction shall include 8 hours of behind-the-wheel training and 24 hours of classroom time completed in the hours set by the school. All Star Driver Education will conduct the behind-the-wheel instruction in a dual controlled automobile, fully insured, covering each student enrolled in the program. The school will provide the licensed instructor, vehicle, and fuel for the driving instruction. No instruction shall commence until the student has paid all fees in full and has presented a valid temporary permit or birth certificate showing that the student is at least 15 years and 5 months old.

**Refund Policy:** ALL refund requests for all services offered are charged a \$5 processing fee. No refunds are permitted once a student has participated in one or more drive hours. Refunds will be processed in full if a class/service is cancelled by ASDE. Refunds take 7-10 business days to process and will be returned back to the card used for original payment. No refund will be issued if the student is expelled due to disciplinary reasons. To learn more about our discipline policy, please visit the FAQ's on our website, or contact our Corporate Office. There will be a \$30 return check fee for all returned checks! Upon failure to complete the course within 180 days of starting the course, no refund will be granted, and no certificate will be issued.

**Partial Payments:** Initial payment must total at least half of the total balance. Initial payments should be made the first day at class; following payments must be done at the Main Office (info listed above). All payments after the initial payment must be done with cash, money order or credit card (personal checks will not be accepted after the first 8 hours of class). Once the payment has been paid in full and all course requirements are complete, the certificate will be mailed to the home. A \$10 fee will be added to the balance of any account participating in partial payments. If the balance is not paid by the final day of class, the fee will be raised to \$50.

**Attendance:** Students are expected to be present for every class and drive time. If a student misses any class time, it must be made up at a future class in increments of 1 hour or more. Attendance of less than one hour will not be counted toward completion of the course. A student must make up the same hours missed in a future session. The instructor should be informed when your student will be absent. **NO CERTIFICATE WILL BE ISSUED UNTIL ALL COURSE WORK IS COMPLETE.** If you no-show for a drive time you will be subject to a **\$20 no-show fee per scheduled hour.** If you must change a drive time after the 8<sup>th</sup> hour of class, you will be subject to a **\$10 rescheduling fee per scheduled hour.** In case of emergency you must call your classroom instructor, without this contact you will be subject to the no-show fee for missed driving. It is **imperative** that students arrive on time for their scheduled driving; if your student is not there when the instructor departs for the lesson is it considered a **no-show** and you will be charged a \$20 fee per scheduled hour.


**Materials:** In addition to the cost of tuition, you will receive a text book. Each student can keep their text book. If the text book is misplaced during the course, an additional book may be purchased for \$20. The text book should be brought to every class and drive session. Failure to bring the book to a drive will result in a \$5 no-book fee.

**Requirements to Pass Driver Education:** As a student you will be required to participate in all 24 hours of classroom instruction as well as the 8 hours of behind the wheel training. You will also be expected to pass the written examination at the end of the session with a 75% or higher. You will be expected to complete all chapters of reading and activities assigned to you throughout the session. Each student must show a good faith effort during the 8 hours of behind the wheel instruction. Failure to complete these terms will result with not receiving a certificate until all requirements are met.

Though some schedules will allow students to finish their driving hours by the end of their class, a student is NOT guaranteed to be finished by the last day of class.

**Certificate of Completion:** Due to the process of ensuring that every student has received the correct amount and content of instruction, as well as recording the details of the instruction, it may take up to 2 weeks to receive a certificate by mail after completing the course requirements. It is not recommended to schedule a road test before receiving the completion certificate. It is prohibited by the State of Ohio for any driving school to send a certificate via e-mail or fax. Rush mail is available for an additional fee. If a Certificate of Completion is misplaced or destroyed, there is a \$15 fee to replace it.

**Parental Permission for Driver Education Instruction:** I hereby give consent for my son/daughter, as stated above, to take a complete course of Driver's Education which includes the thirty two hours of instruction listed in this contract. This course is conducted under the supervision of a state licensed instructor. I have read and understand the above policies and procedures for my child to take part in this program provided by All Star Driver Education, Inc.

PARENT NAME	PARENT SIGNATURE X	DATE / /
STUDENT NAME	STUDENT SIGNATURE X	DATE / /
AUTHORIZING OFFICIAL NAME Brent Wall	AUTHORIZING OFFICIAL SIGNATURE X 	DATE / /

**NOTICE:** Commercial Driving Schools are licensed by the Ohio Department of Public Safety through the Driver Training Program Office, 1970 W. Broad St., Columbus, OH 43223. Valuable information for parents and teenagers is available online at [www.drivertraining.ohio.gov](http://www.drivertraining.ohio.gov); under Parents and Teens.

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**Additional Information Required:**

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Does student have any physical and/or mental and/or learning disabilities that All Star Driver Education, Inc. should be aware of? Y / N

If yes, please explain \_\_\_\_\_

Is the student currently taking medication? Y / N

If yes, please explain \_\_\_\_\_

Does student wear corrective lenses? Y / N

By signing below, you are agreeing to/verifying that the student’s visual acuity is 20/40 corrected or better to obtain an unrestricted license.

Has the student ever taken Driver’s Education before? Y / N

Has the student ever had a license or permit suspended or revoked? Y / N

By signing this disclaimer, I hereby agree that my child is mentally and physically able to complete the required behind-the-wheel training with a licensed driving instructor and does not have a mental and/or physical disability and is not taking any medication that may cause endangerment or compromise the well –being of the driving instructor or passenger. I understand that if my student does have a disability or is on medication that may endanger the well – being of the driving instructor or passenger, and I, the parent or guardian, do not disclose this information to All Star Driver Education, Inc., said company has a right to discontinue driver education for my student at any given time. I also understand that any damages caused by said student that may occur during drive times resulting in not disclosing any student disabilities and/or medications become my responsibility as a parent/guardian.

<b>PARENT SIGNATURE</b> X	<b>DATE</b> / /
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**RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT**

**All Star Driver Education, Inc.**

I make this release, assumption of risk and indemnification agreement as parent and natural guardian or legal guardian of \_\_\_\_\_ (Children). In consideration of the Children’s participation in the driving instruction and/or road testing and any and all events or activities in relation thereto (collectively the “Activity”) permitted by All Star Driver Education, Inc. (“All Star”) and with the understanding that the Children’s participation in the Activity is only on the condition that I enter into this agreement for the Children and myself, our heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity, and any risks inherent in any other activities connected with the Activity in which the Children may participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) which may occur as a result of the Children’s participation in the Activity and release from liability All Star, its and their officers, directors, agents, representatives, heirs and employees. I hereby waive any and all claims I or the Children may hereafter have as a result of any and all injuries disease or sickness (including death) to the Children as a result of the Children’s participation in the Activity. I hereby agree to indemnify all of the above named persons for any and all claims, including attorney’s fees and costs, which may be brought against any of them by anyone claiming to have been damaged as a result of any injury, sickness or disease (including death) to the Children which may occur as a result of or during the Activity. I understand that the Activity may be dangerous and that physical injury, property damage or death may result. I certify that I have read and fully understand this release. I am of lawful age and legally competent to make this agreement. I understand that I am waiving any and all claims I or the Children may have against All Star, its officers, directors, agents, representatives, heirs and employees as the result of participation in the Activity.

**THIS IS A RELEASE. READ CAREFULLY BEFORE SIGNING.**

<b>WITNESS</b> X	<b>PARENT SIGNATURE</b> X	<b>DATE</b> / /
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