

All Star Driver Education, LLC

License Number: 1339

Ohio Driver Education Behind-the-Wheel Contract

1715 Indian Wood Circle, Suite 200, Maumee, OH 43537 * Hours: M-F 9-5pm * (734)-665-7374 * www.allstarde.com

Students Full Name: _____

(as reported on birth certificate or permit)

First

Middle

Last

Address: _____

City: _____ State: _____ Zip: _____ Birth Date: ____/____/____

Student Phone: _____ Class: _____

All Star Driver Education, LLC (ASDE) will provide a minimum of 8 hours of behind the wheel instruction. ASDE will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program. The school will provide the certified instructor, vehicle, and fuel for the driving instruction. **The student must provide a certificate of completion in an approved online driver education program to begin the eight hours of behind-the-wheel training.** No instruction shall commence until the student has paid all fees in full, this fully signed contract, submitted their online course completions certificate, and has submitted a photocopy of his/her valid temporary permit or birth certificate showing the student is at least 15 years and 6 months old.

Refund Policy: No refunds are permitted once a student has begun the class. 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.

All Star Driver Education reserves the right to cancel this agreement at any time, should the Student's conduct indicate a lack of responsibility deemed necessary by All Star Driver Education 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.


Missed Days and Make Up Days: Students are expected to be present for every drive time, unless there is good cause for an absence. If you no-show for a drive time you will be subject to a **\$30 no-show fee per scheduled hour**. If the student must cancel a scheduled driving appointment, cancellation must be made a minimum of 48 hours prior to the scheduled appointment. Failure to do so may result in an additional fee of \$30.00 per scheduled drive hour. 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 \$30 fee per scheduled hour.

Requirements to Pass Driver Education: **No student is permitted to complete more than four hours of online and behind-the-wheel training in a twenty-four-hour period.** Each student must show a good faith effort during the 8 hours of behind the wheel instruction. **If you do not finish the 8 hours of behind the wheel within 180 days from your first training session, you will not be allowed to finish and you will be required to retake the course again.**

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 after completing the course requirements. It is not recommended to schedule a road test before receiving the completion certificate. If a Certificate of Completion is misplaced or destroyed, there is a \$15 fee to replace it.

I hereby give consent for my son/daughter, as stated above, to take a complete course of Driver's Education which includes the eight hours of behind the wheel 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.

The Parent or Legal Guardian agrees to pay the total amount of \$_____ which needs to be paid before the 1st day of class by Cash, Check, Credit, Card, or Money Order.

PARENT/LEGAL GUARDIAN NAME	PARENT/LEGAL GUARDIAN SIGNATURE X	DATE / /
STUDENT NAME	STUDENT SIGNATURE X	DATE / /
SCHOOL REPRESENTATIVE SIGNATURE 		DATE / /

NOTICE: Driving training schools are licensed by the Department of Public Safety through the Driver Training Program Office, 1970 W. Broad St., Columbus, OH 43223.

Additional Information Required:

Emergency Contact: _____ Relationship: _____ Telephone: _____
 (OTHER THAN PARENT/GUARDIAN)

Does student require any special accommodations to participate in the classroom portion of the course? **Y / N**

If yes, please explain: _____

Does student require any special accommodations to participate in the behind-the-wheel portion of the course? **Y / N**

If yes, please explain: _____

Is the student currently taking medication that would affect their ability to operate a vehicle safely? **Y / N**

If yes, please explain: _____

Does the student have any medical conditions that would pose a concern with the behind-the-wheel instruction? **Y / N**

If yes, please explain: _____

In the last 6 months, has the student suffered from a fainting spell, blackout, seizure, uncontrolled loss of consciousness, or has a physical or mental condition that may affect their ability to operate a motor vehicle safely? **Y / N**

If the answer to any of the above questions is Yes, then the Parent/Guardian must provide a letter signed by the Student's physician indicating that the condition has been corrected and/or is under control and the Student meets the physical and mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

Does student wear corrective lenses? **Y / N**

Is the Student's visual acuity at least 20/40 corrected? **Y / N**

By signing below you are agreeing that your student has been administered a vision screening test by a physician and received visual acuity score of at least 20/40 corrected vision. I also 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.

PARENT/LEGAL GUARDIAN NAME	PARENT/LEGAL GUARDIAN SIGNATURE X	DATE / /
PARENT/LEGAL GUARDIAN ADDRESS		PARENT/LEGAL GUARDIAN PHONE