



B-SAFE Driving Education LLC

8 West State St.,
Trenton, Ohio 45067
513.988.SAFE(7233)
www.bsafedrivinged.com

809 W. Central Ave.
Carlisle, Oh 45005
937.743.2967

Student Name _____ Street Address _____

City _____ State of Ohio Zip _____ County _____

Date of Birth _____ Permit # _____ Date issued _____

(Please indicate if this is the 1st or 2nd permit)

I _____ agree that I am a *beginning* student driver, and that I am presently

- attending _____ High School
- Home schooled or Virtual learning

Home Phone _____ Parents cell _____ Student cell _____

Parent Email address _____ Student Email address _____

PLEASE CHECK THE BOX FOR THE TRAINING YOU WILL BE NEEDING

- CLASSROOM & BEHIND THE WHEEL** The full cost of driver training school shall be **\$ 625.00**. There will be **24 hours** of classroom instruction and **eight (8) hours** of actual in-car/on the road driving education (**based on the Ohio Driver Training Curriculum**). The car will be provided by **B-SAFE Driving Education LLC**. The classroom/in-car education beginning _____ shall be completed by _____. (**Ohio State law requires training to be completed within a 6-month period. Chapter 4501-7-10 of the Ohio Revised Code**) All students must have final payment made within two (2) weeks of start date and all driver education completed within six (6) months from start date. Students will be subject to additional class time and fees if not completed within this requirement.
- 8 HOURS BEHIND THE WHEEL ONLY** The full cost of behind the wheel/in-car only shall be **\$ 625.00** due in full when contract is signed and prior to scheduling. The 24-hour certificate from the on-line provider and a valid driving permit are required when contract is signed. There will be eight (8) hours of actual behind the wheel/in-car on the road driver training education (based on the State of Ohio Driver Training Curriculum) provided by B-SAFE Driving Education LLC. The in-car education beginning _____ shall be completed by _____ (Ohio law requires training to be completed within a six (6) month period. Chapter 4501-7-10 of the Ohio Revised Code). Students may be subject to additional fees if not completed within this requirement.

➤ **THE STATE OF OHIO FEE OF \$4.00 FOR EACH CERTIFICATE OF COMPLETION IS INCLUDED IN PRICE** Transportation Budget Bill Sec.4508.10(B)

- **WE STRONGLY RECOMMEND AT LEAST 10 HOURS OF DRIVE TIME WITH PARENTS** **PRIOR TO THE FIRST DRIVING SESSION** (purpose of all driving schools is to "fine tune" and prepare student for BMV test)

❖ **TO APPROVE OR CANCEL A DRIVE SESSION – YOU MUST LOG INTO www.schedule2drive.com**

If supplementary drive time is needed there will be an additional charge to cover the costs of the vehicle and instructor for the extra drive time. Call: 513-988-SAFE(7233)

If the student, while completing the **24 hours** of required classroom time, in any way **disrupts** the class, or is found to be **inattentive**, or does not abide by the **no smoking, vaping or any unallowed substance, non-use of cell phone (either using to text or talk) or abuses the break time allotted**, as issued by the State of Ohio, he/she may be dismissed from the class. He/she will be required to start all classes over and complete additional payment.

In accordance with the Ohio Administrative Code Section 4501-7-04 material within the course will be covered in twenty-four hours of classroom and eight hours of actual driving, based on the Ohio Driver Training Curriculum. Class D Enterprise/Driver Training Schools are licensed by the Department of Public Safety through the Ohio Driver Training Office 1970 West Broad Street, Columbus, Ohio 43223

B-SAFE Driving Education LLC will offer NO REFUNDS to students, parents or guardians. This statement is to clearly advise prospective students that should the school be ready, willing and able to fulfill its part of this agreement **NO REFUNDS SHALL BE MADE**. By signing below you indicate that you understand the **NO REFUNDS** policy.

If you need to cancel a driving lesson, **24 hours notice must be given**. If no notice is given a charge of **\$50.00** will be **collected before you will be rescheduled**. In the event that there is a "no show" this will also be charged as above.

Be advised that there is no guarantee that any student that completes the course will receive a license to drive from the Bureau of Motor Vehicles, Section 4508.2

A Certificate will be issued by **B-SAFE Driving Education LLC** at the completion of the course. In the event the certificate being lost or stolen after being issued to the student, said student may obtain a new certificate from the school at the cost of **\$15.00 + \$10.00 service fee**. Upon issuance of a new certificate, the student will be required to write a statement about the loss or theft. By signing this contract, I understand and will comply with all of the information listed herein.

There will be a **\$50.00** charge for all returned checks.

By signing below I do agree that I have read and do fully understand the binding contract made on this date with:

B-SAFE Driving Education LLC

X _____

Parent/Guardian

Date

X _____

Student

Date

X Betty J, Cepluch _____

Donald L. or Betty J. Cepluch

Date

AO/Owners

NOTE: Any classroom lesson that is missed MUST be made up at a future date that offers the class or classes that the student missed. NO EXCEPTION as per guidelines set by the State of Ohio

If any student, while driving a B-SAFE vehicle is found to be at fault or breaking the law (by a law officer) he/she shall be held LIABLE for any and all fines, penalties and/or deductibles pertaining to such incident. If a student while in a B-SAFE vehicle runs a "photo light" red, that student's certificate will be held in case a photo was taken and a fine assessed. The student will be required to pay this fine (\$100.00) to the city in which the incident occurred in order to receive the certificate of completion. (Certificate will be held for a minimum of 3 weeks or longer if photo was taken)

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B-SAFE Driving Education LLC

Medical Release Form

This form is required before student may participate in the in-car/BTW portion of driver's education.

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Primary Cell Phone: _____ Secondary Cell Phone: _____

Second Contact Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Hospital: _____ Phone: _____

My child has the following medical conditions that may affect him/her in the car:

Special Medication:

In the event neither parent nor the doctor listed above can be contacted, I hereby authorize B-SAFE Driving Ed. LLC or their designee to obtain emergency medical care for my child when, in the opinion of a physician and/or surgeon licensed under the provisions of Medical Practice Act, such medical care will be for the best interest of the

child and should not be delayed pending consent of the parents or family doctor. I understand the B-SAFE Driving Education LLC has insurance which pays for medical or hospital costs that might be incurred on behalf of my child while in an accident in their car.

Parent/Guardian signature

Date