DRIVER TRAINING

OHIO DEPARTMENT OF PUBLIC SAFETY

STUDENT CLASSROOM TRAINING REPORT

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SCHOOL	NAME											
STUDEN	TNAME	OLIMAN A TOTAL						DATE OF	BIRTH		PHONE	#
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ADDRES	S											- -
PERMIT	#				DATE ISS	SUED		CLASS S	TART DATE		CLASS	END DATE
DATE	START TIME	END TIME	BREAK TIME	OH UNIT NUMBER	TOTAL TIME	VIDEO HOURS /	TIME MINUTES	CLASS LOCATION	STUDENT INITIALS	10000	RUCTOR FIALS	INSTRUCTOR LICENSE NUMBER
	-											
FINAL TI	ST PERCI	ENTAGE	INSTRUC	TOR PRINTE	NAME							
9	6											
require require Ohio D	d by Rule d and 45 river Trai	4501-7- 08.02 (C) ning Curi	-09 of the) of the Ohriculum. T	Ohio Admin nio Revised his course n	istrative C Code. Th nust be co	ode (O.A is training	.C.). The include	named abov e student has d at least 24 80 days from	s also rece hours, and	ived al	II classro	om training
SIGNAT	URE OF IN	STRUCTO	R OR TRAIN	ING MANAGE	R							
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No person shall falsify, alter, or in any manner tamper with any records required to be kept by the O.A.C.

Breaks: Per O.A.C. 4501-7-09 (B)(3) The total training a student received shall not exceed four hours in one day. Students receiving more than two continuous hours of training shall be permitted a break at the approximate mid-point of the lesson.

DTO 0138 7/14 [760-1275]





TRAINING AGREEMENT

ENTERPRISE NAME Master & Sylvania Driving School			LICENSE NUMBER	2				
CLASSROOM ADDRESS		CITY		STATE OH	ZIP CODE			
Name of Enterprise, hereinafter refe "Student", 24 hours of theory (classr indicated above, based on the Ohio available all training by Should a student be unable to attend The 24 hours of theory must be comhours of training to be conducted in instruction. The tuition for said instru	oom or virtual) and/or 8 h Driver Training Curriculur d available training session pleted prior to beginning one day. The Driving Sch	n. State of one of the of of the offered, the behind-	the school is relie	equire The I eved of the a	Driving School to make forementioned obligation.			
Any additional classroom training the Additional in-car training may be obt School, may, for an additional fee of center located in	at the Student chooses to cained at the hourly rate of \$ use the E County, (riving Scho DH.	Student, to ool's vehicle to tak	ipon the app e a driving e	exam at a State exam			
The Driving School may loan the Stube charged for any book not returne	udent a textbook for use o d or returned damaged.	uring enrol						
The Student may begin classroom in However, the Student is required to driving portion of the training. If the 24 hours prior to the scheduled app. The same fee shall apply should the The Driving School reserves the right received as payment of tuition in which driving schedule until such check is	obtain a valid temporary of Student must cancel a sclointment. Failure to do so e Student fail to appear for the to deny the Student add tole or in part, be returned	driving perm neduled driv may result r, or for any mittance to due to insu	nit and pay tuition ving appointment, in an additional for reason not be pro any class if the Stafficient funds, the	cancellation to cancellation to the cancellation to the cancel to the cancel to the cancel at the ca	must be made at least ke, the scheduled lesson. dy. Should a check ay be removed from			
The Student is required to complete refunds provided after that time. Up services are provided. The Driving Scompleted within the six months, a service of the services are provided.	all available training with on expiration of this agree School does not guarante	in six montlement, a rei	ns of the date the nstatement fee m nce of a driver's lid	training beg ay be charge cense to the	ins. There may be no ed before any further student. If training is not			
The Driving School reserves the rigiresponsibility deemed necessary by possession, distribution, or use of a cancelled under such circumstances	ht to cancel this agreement The Driving School to sa ny tobacco product, alcoh	nt at any tin fely operate ol, or drug	ne, should the Stu e a motor vehicle. of abuse is strictly	dent's cond Destruction prohibited.	uct indicate a lack of of property, or the Should this agreement be			
Refund Policy: As long as MSDS is wiling and able to complete this contact in six months, there is no refunf for any reason.								
The Driving School shall furnish a complete the course. Completion, a student's good faith effort having be greater than 75% on the performance and additional classroom attendary.	s defined by the State of een exercised during the post measurement. Should	Ohio, refers ractical driv	to the completion to the total to the completion to the total to the t	n of the requ he attainme	ired number of hours, the nt of a score equal to or			
Commercial Driving schools are lice West Broad Street, Columbus, Ohio www.drivertraining.ohio.gov; under	43223. Valuable informa	of Public Sa tion for par	afety through the lents and teenage	Driver Traini rs is availab	ng Program Office, 1970 le on the internet at			
I have read and understand and ha			HOOL OFFICIAL		DATE			
SCHOOL OFFICIAL Barbara Hughes	X	TORE OF SUI	TOOL OF FIGURE		DATE			
STUDENT		NT SIGNATU	IRE		DATE			
	X							
PARENT / GUARDIAN	10000	IT / GUARDIA	N SIGNATURE		DATE			
School official must be the authorizing official	training manager or instructo	The Driving	School may add adde	ndum(s)				



STUDENT BEHIND-THE-WHEEL TRAINING REPORT CLASS D

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TUDENT NAME							DAI	DATE OF BIRTH	BIRT	_		HOME PHONE	PHO	NE #					WORK PHONE #	X E	NE #	45	
DDRESS											S	STATE							ZIP				
PERMIT # / DRIVER LICENSE #	USE #										-	DATE ISSUED	IUSSI	Ö				_	EXPIRATION DATE	ATIO	N DA	TE	
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START DATE						ersections	s	, planning		ess highway	75 5550 N. POLITICIS F. P.	ibility test			e)				oy		<u>₹</u> □ ₩	CERTIFICATE ISSUED YES NO NUMBER ISSUED	JED
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No person shall falsify, alter or in any manner tamper with any records required to be kept by the Ohio Administrative Code.

SIGNATURE OF INSTRUCTOR

I, the undersigned Instructor, certify that the Student has satisfactorily completed the behind-the-wheel instruction required by this chapter and section 4508.02(C) of the Revised Code.

SIGNATURE OF PARENT / GUARDIAN

Optional:

I, the undersigned Parent/Guardian, certify that I have met with the Instructor concerning the Driver Education instruction received by my child.

DATE

OHIO DEPARTMENT OF PUBLIC SAFETY



STUDENT BEHIND-THE-WHEEL TRAINING REPORT CLASS D

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ADDRESS ADDRESS ADDRESS ADDRESS PERMIT # / DRIVER LICENSE # ENTERPRISE NAME Master & Sylvania Driving School Morte: Break time does not count toward the 8 hours of required instructional time. START DATE START DATE BEHIND-THE-WHEEL TRAINING PERFORMANCE CODE PERFORMANCE CODE PERFORMANCE CODE 1- FORMANCE CODE PERFORMANCE CODE 1- FORMANCE
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