



OHIO DEPARTMENT OF PUBLIC SAFETY  
DRIVER TRAINING

## TRAINING AGREEMENT

|                                                     |                  |                           |                        |
|-----------------------------------------------------|------------------|---------------------------|------------------------|
| ENTERPRISE NAME<br>Master & Sylvania Driving School |                  | LICENSE NUMBER<br>622-190 |                        |
| CLASSROOM ADDRESS<br>1807 Elmwood Dr.               | CITY<br>Defiance | STATE<br>OH               | ZIP CODE<br>43512-#### |

Name of Enterprise, hereinafter referred to as "The Driving School" agrees to provide applicant, hereinafter referred to as "Student", 24 hours of theory (classroom or virtual) and/or 8 hours of behind-the-wheel training, whichever is applicable as indicated above, based on the Ohio Driver Training Curriculum. State of Ohio regulations require The Driving School to make available all training by (within six months after date signed at bottom).

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. The Driving School shall furnish a licensed instructor and a motor vehicle for instruction. The tuition for said instruction is \$ 475.00.

Any additional classroom training that the Student chooses to procure shall be furnished at the rate of \$ 50.00 per hour. Additional in-car training may be obtained at the hourly rate of \$ 50.00. Student, upon the approval of The Driving School, may, for an additional fee of \$ 60.00 use the Driving School's vehicle to take a driving exam at a State exam center located in Defiance County, OH.

The Driving School may loan the Student a textbook for use during enrollment at the Driving School. A fee of \$ 50.00 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 six months of the date the training begins. 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: As long as Master & Sylvania Driving School is willing and able to complete the 24 hours of class and 8 hours of private driving time, there will be no refunds for any reason.

The Driving School shall furnish a certificate of completion to all students under the age of eighteen years, who successfully complete the course. 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](http://www.drivertraining.ohio.gov); under Parents and Teens.

I have read and understand and have received a copy of this agreement.

|                                   |             |                                          |      |
|-----------------------------------|-------------|------------------------------------------|------|
| SCHOOL OFFICIAL<br>Barbara Hughes |             | SIGNATURE OF SCHOOL OFFICIAL<br><b>X</b> | DATE |
| STUDENT                           | STUDENT DOB | STUDENT SIGNATURE<br><b>X</b>            | DATE |
| PARENT / GUARDIAN                 |             | PARENT / GUARDIAN SIGNATURE<br><b>X</b>  | DATE |

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



OHIO DEPARTMENT OF PUBLIC SAFETY  
DRIVER TRAINING

## STUDENT CLASSROOM TRAINING REPORT

The most current version of this document available at [www.drivertraining.ohio.gov](http://www.drivertraining.ohio.gov).

|                                                 |             |                  |                |
|-------------------------------------------------|-------------|------------------|----------------|
| SCHOOL NAME<br>Master & Sylvania Driving School |             |                  |                |
| STUDENT NAME                                    |             | DATE OF BIRTH    | PHONE #        |
| ADDRESS                                         |             | CITY             | ZIP CODE       |
| PERMIT #                                        | DATE ISSUED | CLASS START DATE | CLASS END DATE |

| DATE | START TIME | END TIME | BREAK TIME | OH UNIT NUMBER | TOTAL TIME | VIDEO TIME<br>HOURS / MINUTES |  | CLASS LOCATION | STUDENT INITIALS<br>(OPTIONAL) | INSTRUCTOR INITIALS<br>(OPTIONAL) | INSTRUCTOR LICENSE NUMBER |
|------|------------|----------|------------|----------------|------------|-------------------------------|--|----------------|--------------------------------|-----------------------------------|---------------------------|
|      |            |          |            |                |            |                               |  |                |                                |                                   |                           |
|      |            |          |            |                |            |                               |  |                |                                |                                   |                           |
|      |            |          |            |                |            |                               |  |                |                                |                                   |                           |
|      |            |          |            |                |            |                               |  |                |                                |                                   |                           |
|      |            |          |            |                |            |                               |  |                |                                |                                   |                           |
|      |            |          |            |                |            |                               |  |                |                                |                                   |                           |
|      |            |          |            |                |            |                               |  |                |                                |                                   |                           |
|      |            |          |            |                |            |                               |  |                |                                |                                   |                           |
|      |            |          |            |                |            |                               |  |                |                                |                                   |                           |

|                            |                         |
|----------------------------|-------------------------|
| FINAL TEST PERCENTAGE<br>% | INSTRUCTOR PRINTED NAME |
|----------------------------|-------------------------|

I, the undersigned Instructor or Training Manager, certify that the student named above has received all classroom training required by Rule 4501-7-09 of the Ohio Administrative Code (O.A.C.). This training included at least 24 hours, and covered units 1-10 of the Ohio Driver Training Curriculum.

|                                                         |
|---------------------------------------------------------|
| SIGNATURE OF INSTRUCTOR OR TRAINING MANAGER<br><b>X</b> |
|---------------------------------------------------------|

### Ohio Driver Training Curriculum Classroom Units

|                                          |                                    |
|------------------------------------------|------------------------------------|
| 1. The System and You                    | 6. Natural Laws Affecting Vehicles |
| 2. Vehicle Familiarization               | 7. Handling Emergencies            |
| 3. Basic Control Tasks                   | 8. Operating in Adverse Conditions |
| 4. Traffic Control Devices and Laws      | 9. Driver Fitness                  |
| 5. Strategies for Different Environments | 10. Owning and Maintaining a Car   |

No person shall falsify, alter, or in any manner tamper with any records required to be kept by the O.A.C.

## STUDENT BEHIND-THE-WHEEL TRAINING REPORT CLASS D

The most current version of this document available at [www.drivertraining.ohio.gov](http://www.drivertraining.ohio.gov).

|                                                     |               |                      |                     |
|-----------------------------------------------------|---------------|----------------------|---------------------|
| STUDENT NAME                                        | DATE OF BIRTH | HOME PHONE #         | WORK PHONE #        |
| ADDRESS                                             |               | CITY                 | ZIP                 |
| PERMIT # / DRIVER LICENSE #                         |               | DATE ISSUED          | EXPIRATION DATE     |
| ENTERPRISE NAME<br>Master & Sylvania Driving School |               | ENTERPRISE #<br>622- | REPORT YEAR<br>2026 |

**NOTE:** Break time does not count toward the 8 hours of required instructional time.

|                                                                                                                                                           |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               |                                                                                |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|----------|--------------|------------------------|-----------------------------|-----------------------------------------|--------------|--------------|------------------------------|----------------------------------------------|---------------------------|---------|----------------------------------------|------------------|----------------------|---------------|-------------------------|-------------------------------|--------------------------------------------------------------------------------|------------------|
| <b>BEHIND-THE-WHEEL TRAINING</b>                                                                                                                          |            |            |          |              | Check for Valid Permit | Entry Level Procedure Tasks | Minimal Traffic, Numerous Intersections | Lane Changes | RR Crossings | Angled/Perpendicular Parking | Vehicle Control at Higher Speeds (25-45 mph) | Moderate, In Town Traffic | Passing | Expressway, Controlled Access Highways | Parallel Parking | Maneuverability Test | Country Roads | Large Volume of Traffic | Night Driving (When Possible) | CERTIFICATE ISSUED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                  |
| START DATE                                                                                                                                                |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               | NUMBER ISSUED                                                                  |                  |
| PERFORMANCE CODES<br><br>0 – Safety Risk*      3 – Progressing<br>1 – Improvement Needed      4 – Competent<br>2 – Beginning      5 – Exemplary           |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               | DATE ISSUED                                                                    |                  |
| *Safety Risks are actions that could cause a crash. Safety Risk does not mean the student cannot continue training; it indicates more practice is needed. |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               |                                                                                |                  |
| DATE                                                                                                                                                      | START TIME | BREAK TIME | END TIME | HOURS DRIVEN |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               | INSTRUCTOR INITIALS / LICENSE #                                                | STUDENT INITIALS |
|                                                                                                                                                           |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               | /                                                                              |                  |

#1 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#2 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** Break time does not count toward the 8 hours of required instructional time.

| BEHIND-THE-WHEEL TRAINING                                                                                                                                  |            |            |          |              | Check for Valid Permit | Entry Level Procedure Tasks | Minimal Traffic, Numerous Intersections | Lane Changes | RR Crossings | Angled/Perpendicular Parking | Vehicle Control at Higher Speeds (25-45 mph) | Moderate, In Town Traffic | Passing | Expressway, Controlled Access Highways | Parallel Parking | Maneuverability Test | Country Roads | Large Volume of Traffic | Night Driving (When Possible) |  |  | INSTRUCTOR INITIALS / LICENSE # | STUDENT INITIALS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|----------|--------------|------------------------|-----------------------------|-----------------------------------------|--------------|--------------|------------------------------|----------------------------------------------|---------------------------|---------|----------------------------------------|------------------|----------------------|---------------|-------------------------|-------------------------------|--|--|---------------------------------|------------------|
| PERFORMANCE CODES                                                                                                                                          |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               |  |  |                                 |                  |
| DATE                                                                                                                                                       | START TIME | BREAK TIME | END TIME | HOURS DRIVEN |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               |  |  |                                 |                  |
| 0 – Safety Risk*                      3 – Progressing<br>1 – Improvement Needed        4 – Competent<br>2 – Beginning                        5 – Exemplary |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               |  |  |                                 |                  |
| *Safety Risks are actions that could cause a crash. Safety Risk does not mean the student cannot continue training; it indicates more practice is needed.  |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               |  |  | /                               |                  |
| #3 Comments _____<br>_____<br>_____<br>_____<br>_____                                                                                                      |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               |  |  |                                 |                  |
|                                                                                                                                                            |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               |  |  | /                               |                  |
| #4 Comments _____<br>_____<br>_____<br>_____<br>_____                                                                                                      |            |            |          |              |                        |                             |                                         |              |              |                              |                                              |                           |         |                                        |                  |                      |               |                         |                               |  |  |                                 |                  |

**NOTE:** Use additional sheets if needed.

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.

**Optional:**

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

|                         |      |                                |      |
|-------------------------|------|--------------------------------|------|
| SIGNATURE OF INSTRUCTOR | DATE | SIGNATURE OF PARENT / GUARDIAN | DATE |
| X                       |      | X                              |      |

No person shall falsify, alter or in any manner tamper with any records required to be kept by the Ohio Administrative Code.