

Bick's Driving School, Inc
3235 W. Galbraith Rd
Cincinnati, Ohio 45239
931-6200

Commercial Drivers Training School Agreement In Person Class and Driving

Student Name _____ Date _____

Address _____ City _____ Zip _____

Parent cell # _____ Student Cell # _____ Date of Birth _____

High School _____ After school activity _____ Medical/Learning disability _____

Classroom Training to be conducted at **3235 W. Galbraith Rd.** _____

FULL COURSE WILL CONSIST OF:

24 Hours of Classroom + **8** hours of Behind-the-Wheel training at \$ **659.00**

Based on the Ohio Driver Training Curriculum

Driving Experience: Yes _____ No _____ if yes, How many hours? _____.

Student must have at least 5 hours of driving before in car training or a \$100 charge will be assessed

Student must complete all available training within six months of the date the contract was signed.

ALL TRAINING MUST BE COMPLETED BY: _____

If all training is not completed within 6 months, you will have to repeat all training at an additional cost.

The Driving School shall furnish a Licensed Instructor and a Motor Vehicle for Instruction.

The Driving School **Does Not Guarantee** the Issuance of a Driver's License to the Student.

Failure of the student to appear or cancel an appointment at a minimum of **24** hours in advance for a scheduled driving lesson, must call before 12 pm on Saturday, Closed **on Sunday**. Or failure to bring

Temp I.D. will be charged a fee of **\$100.00** due to having to schedule another lesson. The Parent/Guardian, or the person having custody, and the student shall be liable to this Agreement.

The Department of Public Safety licenses Commercial Driving Schools through the Ohio Traffic Safety Office, 1970 West Broad Street, Columbus, Ohio 43223.

For more information, go to www.drivertraining.ohio.gov

I have read, understood, and received a copy of this agreement.

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Parent Signature _____ Date _____

Parent Email: _____

Amount Paid Today \$ _____ Remaining Balance \$ _____ Second Payment is Due on 1st Day of Driving, if paid with check, Certificate will be held for 2 weeks, If payment is not paid all driving will be cancelled. Be advised: A check Processing fee of **\$20.00** will be charged for any returned checks.

No Refunds. Also, there is a \$15.00 charge for a new Certificate if needed.