

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

Commercial Drivers Training School Agreement
For Online Classroom Students, In Car Driving Only

Student Name _____ Date _____

Address _____ City _____ Zip _____

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

High School _____ After School Activity _____

Medical Issues/Concerns _____ Learning Disability _____

24 Hours of Classroom Training to be conducted with an approved online school. Certificate must be presented to Bicks Driving School before training is scheduled. Certificate # _____

FULL COURSE WILL CONSIST OF:

8 Hours of in-car training At \$ **659.00** Paid in full to schedule in-car lessons **Based on the Ohio Driver Training Curriculum**

Driving Experience? Yes _____ No _____ If yes, how many hours? _____

Student must have at least 10 hours of driving before in car training or a \$120 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 **48** hours in advance for a scheduled driving lesson, or failure to bring Temp I.D., will be charged a rescheduling fee of **\$120.00**. You must call before noon on Saturday, We are **Closed on Sunday**. **The Parent/Guardian, 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: _____ Student Certificates sent to this email**

Amount Paid Today \$ _____ If paid with check, driving will be scheduled 2 weeks from the date of payment. Be Advised: A check processing fee of **\$20.00** will be charged for any returned checks.

No Refunds. \$15.00 charge for a new Certificate if needed.