

## **Ohio Abbreviated Adult Training Agreement**

| Name | DOB | Phone |
|------|-----|-------|
|      |     |       |

Tuition \$\_\_\_\_\_

**Bick's Driving School of Southwest Ohio ("Bick's")** agrees to provide the individual named above (**"Student"**) 4 Hours of Behind-the-Wheel Training, based on the Ohio Adult Abbreviated Training Curriculum.

**Behind-the-Wheel Training:** Bick's furnishes a licensed instructor and a motor vehicle for 4 Hours of Behind-the-Wheel Training. The Student may schedule 2 Private Lessons (2 Hours Each) once tuition is paid in full, this contract is signed, and an Online Classroom Certificate of Completion and front photo of Valid Ohio Temporary ID is provided.

The State of Ohio requires student training to be completed within 3 months of the initial training session. After expiration of this agreement, a reinstatement fee may be charged before any further services are provided.

**Behind-the-Wheel Cancellations must be made at least 24 hours prior to the scheduled appointment.** If the Student cancels on less than 24 hours prior notice, fails to appear for any reason, or is unprepared to take a Behind the Wheel lesson, a \$50 fee is assessed and must be paid before rescheduling.

Refund Policy: No refunds.

**Certificate of Completion:** Bick's issues a Certificate of Completion once the Student completes 4 Hours of Classroom and 4 Hours of Behind the Wheel Training. On weekdays before 4:00pm, the Certificate is provided directly to the Student; otherwise, the Certificate is emailed the following business day to the address on file.

Bick's offers additional in-car training for \$95/hour. Driving tests can be scheduled by the Student at <u>www.ohiodrivingtest.com</u> The Student may use Bick's vehicle to take a driving exam at a Hamilton County Exam Center for an additional \$210. Bick's does not guarantee issuance of a driver's license to the Student.

Bick's Driving School of Southwest Ohio is licensed by the Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, Ohio 43223.

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

| School Official: | Jessica Hornsby | School Official Signature: | <u>Jessíca Hornsby</u> Date |
|------------------|-----------------|----------------------------|-----------------------------|
| Student Name:    |                 | Student Signature:         | Date                        |