



Enterprise # 1483  
 6019 Columbus Pike  
 Lewis Center, Ohio 43015  
 (614)907-5903  
 Report Year 2020

# School Rules

1. Be on time for class and from breaks. No one will be admitted to the class 15 minutes after start time or late from break.
2. NO CELL PHONE USUAGE DURING CLASS TIME UNLESS DIRECTED BY AN INSTRUCTOR. All cell phones must be muted and are to be placed in the basket on the instructors desk.
3. Show respect to the instructor and to other students.
4. Pay attention in class.
5. No sleeping in class.
6. Come prepare to learn.
7. Participation in class discussions and activities is expected.
8. Dress appropriately, clothing worn in this school should be the same or similar to that worn at your high school.

## When it is time for you to drive:

1. Be at the school 10 minutes early with permit. If being picked-up, be ready 15 minutes prior to scheduled pick-up time and allow 15 minutes grace period after scheduled pickup time.
2. Proper attire must be worn. If you can not wear it to school do not wear it for your drive. In appropriate attire could constitute a drive reschedule and \$65 reschedule fee. If it is raining or cold, bring a jacket. If it is sunny, bring sunglasses. You will be learning to pump gas if needed on your drive.
4. If you are without your permit or wearing sandals, flip flops or slides YOU WILL NOT DRIVE and a reschedule fee of \$65 will be charged to be paid prior to certificate issuance.
5. No call/no shows will be charged a \$65 reschedule fee for each occurrence to be paid prior to certificate issuance.

**Please Be Advised Per State Code You Can Not Attend Class and Do an In-Car on Same Day**

# Photo/video Release

I, by initialling below, agree to allow 1<sup>st</sup> Choice Driving Academy to take picture and or video of educational activities which may or may not include my student's image or voice. These images/videos may appear on social media.

I understand these images may be used for educational or promotional purposes.  
 By initialling, I agree to hold harmless any and all owners, managers, employees,

Please indicate if you want certificate mailed \_\_\_ or pick-up \_\_\_

Do not lose your certificate! It is a \$15 fee for a replacement copy.

Students Name	Parents Name	Date
Students Signature	Parents Signature	Date



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## Final Report To Parent

1st Choice Driving Academy, that completed the training, for three years shall maintain records of the instructors and training managers trained. Dates, times, location of training, and curriculum used shall be kept on file for inspection. No person shall falsify, alter, or in any manner tamper with any records required to be maintained. All records required to be maintained by an enterprise under the Ohio Administrative Code (O.A.C.), including those maintained on a computer database, shall be kept in a school's designated office. The authorizing official or training manager shall make all records available for inspection by the director or by a student and/or the student's parents or legal guardian at any and all reasonable times. Any records required to be maintained which are in a computer database shall be accessible and capable of being distinguished from non-related records.

Student Name	
Certification of Completion #	Date Issued

Student has received all classroom/online instruction required by O.A.C. 4501-7-09 and Ohio Revised Code (R.C.) section 4508.02(C).	<input type="checkbox"/>
Student has satisfactorily completed the behind-the-wheel instruction required by O.A.C. 4501-7-10 and (R.C.) section 4508.02(C).	<input type="checkbox"/>
Student has received a score on any examination of knowledge or skill required by O.A.C. 4501-7-09.	<input type="checkbox"/>
Student has received a final test score. _____ % (Knowledge Test Score) Note: Score not available for student who completed online instruction.	<input type="checkbox"/>
The completed and signed training record has been given to the student upon completion of the training	<input type="checkbox"/>

**I, the undersigned Instructor or Training Manager, or Authorizing Official certify that all training has been successfully completed**

Instructor or Training Managers Name	
Remarks	
Instructor or Training Managers Signature	Date
X	



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**This form is required before students may participate in the car portion of Driver's Education.**

Student Name	Age
Parent/Guardian Name	
Home Phone	
Doctor's Name	
Hospital Preference	

My Child has the following medical conditions that may affect him/her in the car. If none=n/a

In the event neither parent nor Doctor listed above can be contacted, I hereby authorize 1ST Choice Driving Academy or his designee to obtain emergency car for my child when, in the opinion of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, such medical care will be for the best interest of the child and should not be delayed pending consent of the parent or family Doctor. I understand the 1ST Choice Driving Academy has Liability Insurance which covers any medical or hospital costs that might occur if my child is involved in an accident while in their car. Consequently, I understand that any and all additional costs shall be my sole responsibility.

Parents Name	
Parent/Guardian Signature	Date
X	



# Training Agreement

1<sup>st</sup> Choice Driving Academy, hereinafter referred to as "The Driving School" agrees to provide applicant, hereinafter referred to as "Student", 24 hours of classroom instruction and 8 hours of practical driving instruction based on the Ohio Driver Training Curriculum. State of Ohio regulations require The Driving School to make available all training by \_\_\_\_\_.

Should a student be unable to attend available training sessions offered, the school is relieved of the aforementioned obligation. 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 \$ 369.00.

Any additional classroom training that the Student chooses to procure shall be furnished at the rate of \$ 20.00 per hour. Additional in-car training may be obtained at the hourly rate of \$ 35.00. Student, upon the approval of The Driving School, may, for an additional fee of \$ 65.00 use the Driving School's vehicle to take a driving exam at a State exam center located in Delaware County, OH.

The Driving School may loan the Student a textbook for use during enrollment at the Driving School. A fee of \$ 35.00 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 before a minimum of 24 hours prior to the scheduled appointment. Failure to do so may result in an additional fee of \$ 65.00. 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 of \$45 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. If training is not completed within the six months, a new agreement shall be established and training shall be restarted. If training is not started, this agreement expires 6 months from date signed.

**The Driving School does not guarantee the issuance of a driver's license to the student.**

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 safety 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: There will be no refund after the start of the 4<sup>th</sup> class or after the 1st behind-the-wheel session and said refund will be at a prorated amount per the hour fees for classroom training/in-car training as stated above.**

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 Dennis Bowman		Signature of School Official X	Date
Student Name	DOB	Signature of Student X	Date
Parent/Guardian		Parent/Guardian Signature X	Date

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



# Accessments

**1**      **2**

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## Student Behind-The-Wheel Training Report Class D

Student Name	DOB	Cell Phone	Parent Phone	Certificate Issued	
				Yes	No
Address City, State Zip				Cert Number	
Permit Number	Issue Date	Expiration Date	Start Date	End Date	Issue Date

**Note: Break time does not count towards the 8 hours of required instruction time**

**Performance Code 0= N/A 1=Improvement, 2=Fair, 3=Good, 4= Very Good, 5= Perfect**

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

Drive Number	Drive Date	Start Time	Break Time	End Time	Hours Driven	Instructor Initials	Instructor License	Student Initials
1								
2								
3								
4								
	Check for valid permit							
	Fitting the car to you							
	Makes sure all passengers are buckeled							
	Entry level procedure tasks							
	Parallel parking / Maneuverability test							
	Selective parking techniques							
	Smooth Acceleration							
	Smooth Braking							
	Knows all Four Stopping points							
	Smooth Steering							
	Aims car to center of lane							
	Staying in lanes							
	Moderate traffic, in town							
	Round-A-Bouts							
	Minimal traffic, numerous intersections							
	Country roads							
	Knows Proper Speed limits							
	Maintains proper speed							
	Maintains 3-5 Second following distants							
	Lane change /Merges							
	Checks Traffic to the rear							
	Expressway, controlled access highway							
	High speed /sight distance planning							
	Passing							
	Large volume of traffic							
	RR crossing							
	Night driving (when possible)							
	Fuel Lab							
1								
2								
3								
4								

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

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

Name of Instructor: D. Bowman, T. Bowman, T. Smith, D. Black, P. Layne, J. Jamison, J. Cox, M. Athnos	Name of Parent/Guardian
Signature of Instructor	Signature of Parent/Guardian
X	X



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## Student Classroom Training Report

School Name

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<b>Student Name</b>	<b>DOB</b>	<b>Student Phone</b>

<b>Address, City, State, Zip</b>	<b>Parent Phone</b>

<b>Permit #</b>	<b>Date Issued</b>	<b>Class Start Date</b>	<b>Class End Date</b>

Class #	Date	Start Time	Break Time	End Time	Total Time	Oh Unit Number	Video Time	Class Location	Student Initials	Instructor Initial	License Number
1		4:15pm	5:45-6:00	7:30pm	3 Hrs	1,2		Lewis Center			
2		4:15pm	5:45-6:00	7:30pm	3 Hrs	3		Lewis Center			
3		4:15pm	5:45-6:00	7:30pm	3 Hrs	4		Lewis Center			
4		4:15pm	5:45-6:00	7:30pm	3 Hrs	5		Lewis Center			
5		4:15pm	5:45-6:00	7:30pm	3 Hrs	6		Lewis Center			
6		4:15pm	5:45-6:00	7:30pm	3 Hrs	7,8		Lewis Center			
7		4:15pm	5:45-6:00	7:30pm	3 Hrs	9		Lewis Center			
8		4:15pm	5:45-6:00	7:30pm	3 Hrs	10		Lewis Center			
Final Test Percentage			Instructors Printed Name								
%			D. Bowman, C. Craig, T. Bowman, T. Smith, J. Jamison, P. Layne								

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.). The student has also received all classroom training required and 4508.02 (C) of the Ohio Revised Code. This training included at least 24 hours, and covered units 1-10 of the Ohio Driver Training Curriculum. This course must be completed within 180 days from your start date.

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

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

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



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**Release of Liability, Indemnification and Hold Harmless Agreement**

In consideration of participating in driving school activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence 1<sup>ST</sup> Choice Driving Academy and its owners, directors, officers, employees, agents, volunteers, participants and all other persons or entities acting for the (hereafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assignees, personal representative and estate and also agree

1. I acknowledge that participating in driving school activities involves known and unanticipated risks, which could result in physical or emotional injury, paralysis or permanent disability, death and property damage. Risks include, but are not limited to collisions with other motor vehicles or objects, medical conditions resulting from physical activity and damage to clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Releasees from any and all claims, demands or causes of action which are in any way connected with my participation in this activity or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer of cause while participating in this activity or else I agree to bear the cost of such injury or damage myself. I further represent that I have no medical or physical conditions which could interfere with my safety in this activity or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the [arties on the basis of any claim of negligence.
8. I have had sufficient time to read this entire document and should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.

**I have read and understand this document and I agree to be bound by its terms.**

Students Name	Parents Name	Date
	X	
Students Signature	Parents Signature	Date
	X	