



129 S. Main St. Marysville Ohio

(937)644-8631

Dear Parents,

Thank you for choosing Stewardship Driving School. We strive to live up to the trust you have placed in us. This is an exciting time in the life of our students, and maybe a little too exciting for parents, but we want it to be an enjoyable experience, yet taken seriously. A lack of communication can make it frustrating for both you and us. We hope this letter can improve that communication.

As you know the process starts by obtaining a booklet of the Ohio motor vehicle Laws, or you can download it from the BMV website. After this is studied then they must take the test at the BMV exam station. The permit can then be purchased at the BMV. This must be held for six months before the license test can be taken. In that six months, the 50 hours with a parent and 8 hours with the driving school can be done. They must carry the permit whenever they drive with you or us. The permit is good for one full year.

You may schedule drives after payment has been received in full, a Certificate of Completion from the online provider has been received and our Training Agreement has been signed by both **student and parent**. Office hours are Monday through Friday from 10:00 AM to 5:00 PM. Students will be picked up in our designated pick up area. Please make sure the student has a valid permit with them. **If the student can not drive on a scheduled time, call as soon as possible to allow us time to schedule some one else at that time and to reschedule in a timely manner. The agreement allows us to charge extra for a late cancellation.**

We understand emergencies things happen, and you may need to contact us on short notice. Our office is closed Saturday and Sunday, and messages left on our voicemail will not be received until the next business day. Should you have an emergency arise during the weekend and need to cancel a drive, please contact us at 614-946-1972. Our office will contact you during regular business hours to re-schedule.

After the course has been completed, both class and driving, we will mail the certificate or you can pick them up at the office. Because the certificate is now time and date stamped, we can no longer make them up before hand to give them on the last drive or class. **Please do not schedule their driving test before receiving the certificate.** When you receive the certificate please keep it in a safe place until they take the test. In the event of a lost or destroyed certificate, we must issue a duplicate certificate. You will need to come in and fill out a request for a duplicate form and pay an extra fee of \$10.00.

When they go to take the test they will need to take their permit, certificate from the driving school and the 50 hour affidavit. The 50 hour affidavit must be signed in the presence of and notarized by a notary.

A set of cones can be made available to use for practicing maneuverability for a nominal charge of \$10.00 and a refundable \$50.00 deposit. Cones are to be returned in 5 days or subject to additional \$5.00 per day charge.

If at anytime you have any concerns or questions, please call the office during business hours at 937-644-8631.
www.stewardshipdriving.com



**BEHIND-THE-WHEEL TRAINING AGREEMENT
FOR ONLINE STUDENTS**



| | | | |
|---|--------------------|-------------------|-------------------|
| ENTERPRISE NAME Stewardship Driving School LLC | | LICENSE # 1374 | |
| ENTERPRISE ADDRESS 129 S. Main St | CITY Marysville | STATE OH | ZIP CODE 43040 |

Stewardship Driving School LLC, hereinafter referred to as “The Driving School” agrees to provide applicant, hereinafter referred to as “Student”, 8 hours of behind-the-wheel training based on the Ohio Driver Training Curriculum. The student will complete the 24 hour equivalent of required classroom with an Ohio approved online provider. The student must provide a certificate of completion from an approved online driver education program to begin the eight hours of behind-the-wheel training. State of Ohio regulations require all training be made available 6 months from the date of the first drive. Should a student be unable to attend available training sessions offered, the school is relieved of the aforementioned obligation. The Driving School shall furnish a licensed instructor and a motor vehicle for instruction. The tuition for said instruction is \$ 440.00.

Any additional in-car training may be obtained at the hourly rate of \$ 55.00 per hour. If applicable, the Student may, for an additional fee of \$ N/A, use the Driving School’s vehicle to take a driving exam at a State exam center located in N/A County, OH.

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 a minimum of 24 hours prior to the scheduled appointment. Failure to do so may result in an additional fee of \$30.00. The same fee shall apply should the Student fail to appear for, or for any reason not prepared to take, the scheduled lesson. 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 the driving schedule until such a 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. 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 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 service provided prior to cancellation.

Refund Policy: None

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 online and the student’s good-faith effort having been exercised during the practical driving portion. 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, under Parents and Teens.

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

| | | | |
|----------------------------------|----------------|---|------|
| SCHOOL OFFICIAL Michael Petry | | SCHOOL OFFICIAL SIGNATURE X | DATE |
| STUDENT | STUDENT D.O.B. | STUDENT SIGNATURE 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) in accordance with Ohio law.



Acc: _____

Stewardship Driving School

Off: _____

"In all your ways acknowledge Him, and He shall direct your paths." Proverbs 3:6

Informational Sheet

Students Name _____ Date ____/____/____
(First) (Middle Initial) (Last)

Street Address _____ City _____

County _____ State _____ Zip Code _____

Parent's # (____) _____ Students # (____) _____

E-Mail (optional) _____

Date of Birth ____/____/____

Approximate Hours Driven _____ High School _____

Permit Number _____ Issue Date _____



129 S. Main St. Marysville, Ohio 43040

937-644-8631

MEDICAL RELEASE FORM

This form is required before students may participate in the In-Car portion of Driver's Education

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Emergency Contact Number: (_____) _____ - _____

Dr's Name: _____ Dr's Phone (_____) _____ - _____

Hospital Preference: _____

My child has the following medical conditions that may affect him/her in the car:

In the event neither parent or Doctor listed cannot be contacted, I hereby authorize Stewardship Driving School or it's designee to obtain emergency care 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 in the best interest of the child and should not be delayed pending consent of the parents or family Doctor. I understand that Stewardship Driving School has liability insurance which covers costs that might occur if my child is involved in a crash while in schools cars. Consequently, I understand that all additional costs shall be my sole responsibility.

Parent/Guardian Signature: _____



Parent Verification Form

I, _____, of

[Address] _____, am the parent

or legal guardian of _____. I am providing this form to verify my identity and consent for my child to participate in the Stewardship Driving School Education program.

To verify my identity, I will provide the following information:

- My name (Print) _____
- My email address _____
- My phone number _____
- My child's name _____
- My child's date of birth _____
- My child's school _____

I will also provide a copy of my government-issued identification card.

Parent/Guardian Signature: _____

Date ___/___/___