



Adult Private Behind-The-Wheel Training Agreement

Enterprise Name Stewardship Driving School LLC		License # 1374	
Address 129 S. Main St.	City Marysville	State OH	zip 43040

Stewardship Driving School LLC, hereinafter referred to as The Driving School agrees to provide applicant, hereinafter referred to as Student, _____ hours of behind-the-wheel training based on the Ohio Driver Training Curriculum. Private lessons are in no way related to the required Drivers Education program set by the State of Ohio. Private Lessons are in no way related to the Abbreviated Adult Program. Should a student be unable to attend the 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 \$_____.

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 **\$75.00**. 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 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.

The Driving School shall **NOT** furnish a certificate of completion for private lessons.

Instructor	Instructor Signature	Date
Student	Student Signature	Date



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 _____ N/A

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: _____