



Black Swamp Driving School, LLC

License #2768

244 Main St. Luckey OH 43443

Phone (419)-801-4480 www.blackswampdrivingschool.com

Legal Student's Name: _____

Street Address: _____ City: _____

State: Ohio Zipcode: _____ Phone # : _____

Alternate Phone #: _____ Date of Birth: _____

High School: _____ Permit# _____

BLACK SWAMP DRIVING SCHOOL, upon full payment, agrees to provide the above student with twenty four hours of classroom instruction during their selected month and eight hours of behind the wheel driver training as mandated by the Ohio Revised Code. Driving instruction shall consist of but not be limited to the prescribed curriculum set forth in section 4508 of the O.R.C. All instruction shall be performed by an instructor licensed by the Ohio Dept of Public Safety and will be conducted in Lucas and Wood Counties. Training will be completed by _____, **six months from the first day of class.** Upon successful completion of this approved course the student will receive a *"DT Certificate of Completion"*. The total charge for this training course is **\$385.00**. Students who fail to appear or cancel their scheduled drive lesson without twenty-four hours advance notice will be charged an additional **\$25.00** per one hour makeup lesson. Use of the school's vehicle and instructor are available (optionally) for license examination for a fee of **\$200.00**. If gas prices exceed \$4 a gallon from the time this contract is signed, than an additional **\$25** fee will be charged in addition.

BLACK SWAMP DRIVING SCHOOL reserves the right to remove any student who, in the opinion of our instructors; does not comply with the schools rules and regulations, fails to cooperate, or is disruptive to the learning environment of the classroom. No refund will be issued if in good faith **BLACK SWAMP DRIVING SCHOOL** has attempted to deliver services but the **STUDENT** fails to comply with this agreement. Absolutely NO REFUNDS will be issued if Black Swamp Driving School is willing and able to fulfill its services or the student fails to comply with the terms of this agreement.

Driver training schools are licensed by the Department of Public Safety thru the Ohio Driver Training Program Office located at 1970 West Broad Street, Columbus Ohio 43223.

The parties whose signatures appear below do hereby understand and enter into this agreement.

Print

Black Swamp Driving School Representative Name: Heather Bauer Date _____

Parent/Legal Guardian _____ Date _____

Student _____ Date _____

Signature

Black Swamp Driving School

Representative Name: _____ Date: _____

Parent/Legal Guardian _____ Date _____

Student _____ Date _____

Enrollment is limited to ensure quality instruction is provided. This contract with original signatures is required by state law. Please return it by mail or in person. Credit card payments are accepted online at blackswampdrivingschool.com.

