

***Bick's Driving School, Inc***  
***3235 W. Galbraith Rd***  
***Cincinnati, Ohio 45239***  
***931-6200***

***Commercial Driver Training School Agreement***  
***For Online Classroom Students and Driving Package***

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent cell # \_\_\_\_\_ Student Cell # \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_ After school activity \_\_\_\_\_

Medical Issues \_\_\_\_\_ Learning Disability \_\_\_\_\_

24 Hours of Classroom Training to be conducted with an approved online school. Certificate must be presented to Bicks Driving School before training is scheduled. Certificate # \_\_\_\_\_

**FULL COURSE WILL CONSIST OF:**

8 Hours of In Car Training At \$ 689.00 ***Based on the Ohio Driver Training Curriculum***

Driving Experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, **How many hours?** \_\_\_\_\_.

**Students must have at least 10 hours of driving before in-car training or a \$120.00 charge will be assessed**  
**Student must complete all available training within six months of the date the contract was signed.**

**ALL TRAINING MUST BE COMPLETED BY:**

If all training is not completed within 6 months, you will have to repeat all training at an additional cost.

The Driving School shall furnish a Licensed Instructor and a Motor Vehicle for Instruction.

The Driving School **Does Not Guarantee** the Issuance of a Driver's License to the Student.

Failure of the student to appear or cancel an appointment at a minimum of **48** hours in advance for a scheduled driving lesson, or failure to bring Temp I.D., will be charged a rescheduling fee of **\$120.00**. You must call before noon on Saturday. Closed on Sunday. ***The Parent/Guardian, the person having custody, and the student shall be liable to this Agreement.***

The Department of Public Safety licenses Commercial Driving Schools through the Ohio Traffic Safety Office, 1970 West Broad Street, Columbus, Ohio 43223. For more info go to [www.drivertraining.ohio.gov](http://www.drivertraining.ohio.gov)

**I have read, understood, and received a copy of this agreement.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Parent email \_\_\_\_\_ Certificate of Completion will be sent here**

**\*\*\*CERTIFICATES WILL BE EMAILED ON THE NEXT BUSINESS DAY AFTER 12PM.**  
**CERTIFICATE IS NEEDED TO TAKE THE TEST.**

Amount Paid Today \$ \_\_\_\_\_ If paid with check, driving will be scheduled 2 weeks from date of payment. Be Advised: A check Processing fee of **\$20.00** will be charged for any returned checks.

**No Refunds. \$15.00 charge for a new Certificate if needed .**

