



Teens & Adults

**Adult & Teen
Remedial**

**Seniors
&
Disabilities**

HEIGHTS DRIVING SCHOOL, INC.

440-449-3300

**Check us out on the Web!
www.heightsdriving.com**

ATTENTION:

**THIS BOOKLET MUST BE BROUGHT TO
EVERY CLASS AND EVERY IN-CAR
LESSON.**

IMPORTANT NOTES:

- All students must call 440-449-3300 upon completion of the entire course to receive their certificate and verify all information.
 - Certificates by law can only be picked up at our office in Richmond Hts. All other will be mailed.
 - Certificates are required to take the state drivers test
-
- Please **bring with you** to every class your **username and password**. You will need this in order to log in your classroom hours.

HEIGHTS DRIVING SCHOOL, INC. Classroom Location: _____

COMMERCIAL DRIVER TRAINING SCHOOL AGREEMENT
GOOD ONLY FOR TEEN COURSE AT LOCATION LISTED ABOVE

PLEASE PRINT FORM, FILL IN FULL LEGAL NAME BELOW, SIGN AND BRING TO CLASS.

STUDENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

PHONE(_____) _____ DATE OF BIRTH _____

HIGH SCHOOL _____ IN-CAR COUNTY _____

CERT. # _____ DATE ISSUED _____

TEMP ID.# _____ EXP. DATE _____

Full Course will consist of: 24 Classroom Hrs. and 8 Driving Hrs. Total Cost: \$ _____

Optional Services: Additional hrs. @ \$75.00/per hr. Vehicle for State Test @ \$150.00

*****NO REFUNDS WILL BE ISSUED ONCE THE STUDENT BEGINS CLASSES*****

THE DRIVING SCHOOL SHALL PROVIDE 24 HOURS OF CLASSROOM INSTRUCTION AND EIGHT HOURS OF BTW TRAINING BASED UPON THE OHIO DRIVER TRAINING CURRICULUM, AND 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 A BTW APPOINTMENT A MINIMUM OF FORTY-EIGHT (48) HOURS IN ADVANCE SHALL RESULT IN STUDENT BEING ASSESSED A \$25.00 CHARGE. CHARGE FOR A REPLACEMENT CERTIFICATE WILL BE AN ADDITIONAL \$15.00.

Heights Driving School and the Student have six (6) months from the first date of instruction to fulfill the requirements of this Agreement under Ohio law. THE STUDENT IS REQUIRED TO COMPLETE ALL AVAILABLE TRAINING WITHIN SIX MONTHS FROM THE FIRST DATE OF INSTRUCTION. UPON EXPIRATION OF THIS AGREEMENT, ADDITIONAL FEES MAY BE CHARGED. PRICE SUBJECT TO CHANGE AT ANY TIME.

If you have any concerns regarding classes or in-car training, contact the school's owner or authorized official at 440-449-7730 or go to www.heightsdriving.com/feedback.html. Said issues will be addressed within five (5) business days (when possible), but no later than thirty (30) business days from the date of receipt of the complaint. Driver training schools are licensed by The Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, Ohio 43223.

I HAVE READ, UNDERSTAND AND RECEIVED A COPY OF THIS AGREEMENT.

HEIGHTS OFFICIAL: _____ DATE: _____

PARENT OR GUARDIAN: _____ DATE: _____

STUDENT: _____ DATE: _____

PAYMENT AMOUNT: _____ TYPE: _____ DATE: _____

CLASSROOM and IN-CAR INSTRUCTION

Student Copy

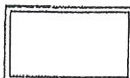
TEMP #: _____ ISSUE DATE: _____ VALIDATION DATE: _____

Class.#	1	2	3	4	5	6	7	8
Clock Hours								
Date								
Start Time								
Break Time								
End Time								
Student								
Instructor								

FINAL ANSWER SHEET

1. T F	6. A B C	11. T F	16. A B C	21. T F
2. T F	7. A B C	12. T F	17. A B C	22. T F
3. T F	8. A B C	13. T F	18. A B C	23. T F
4. T F	9. A B C	14. T F	19. A B C	24. T F
5. T F	10. A B C	15. T F	20. A B C	25. T F
26. A B C	31. T F	36.	41. T F	
27. A B C	32. T F	37.	42. T F	
28. A B C	33. T F	38.	43. T F	
29. A B C	34. T F	39.	44. T F	
30. A B C	35. T F	40.	45. T F	

46.
47.
48.
49.
50.



Test Score

Student _____ Date _____

Instructor _____ Date _____

IN-CAR INSTRUCTION: 1 - Needs Improvement 2 - Fair 3 - Good

Lesson Number	1	2	3	4	5	COMMENTS
Date						
Start Time						
End Time						
Break Time (if over two hours)						
Hours Driven						
Check for Valid Temp (check box)						
Entry Level Tasks (pre-drive/start/stop)						
Minimal Traffic, Intersections						
Moderate Traffic						
Use of Mirrors						
Vehicle Spacing						
Lane Changing						
RR Crossing						
Country Roads						
Night Driving (when possible)						
Sight Distance, Planning, Higher Speeds						
Backing/Parking						
Maneuverability, (Parallel Parking)						
Expressway/Controlled Access Highway						
Instructor/Number/Initials						
Student						

We, the undersigned instructors, certify that the student has satisfactorily completed the classroom and driving instruction required by Rule 4501-7-09 of the Administrative Code, and 4508.02 C of the Ohio Revised Code.

X
CLASSROOM INSTRUCTOR

X
IN-CAR INSTRUCTOR

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GOOD ONLY FOR TEEN COURSE AT LOCATION LISTED ABOVE

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ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

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HIGH SCHOOL _____ IN-CAR COUNTY _____

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CLASSROOM and IN-CAR INSTRUCTION

Office Copy

TEMP #:

ISSUE DATE:

VALIDATION DATE:

Class #	1	2	3	4	5	6	7	8
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Date								
Start Time								
Break Time								
End Time								
Student								
Instructor								

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