

Tuscarawas County Office
834 East High Avenue
New Philadelphia, Ohio 44663
(330) 308-9939 Phone
(866) 422-3216 Toll Free Fax



Belmont County Office
67400 Betty Lee Way
St. Clairsville, Ohio
Phone (740) 695-9773
Toll Free Fax (866) 422-3216

Randy Lucas
Superintendent
randy.lucas@ecoesc.org

Matt King
Treasurer
matt.king@ecoesc.org

...Helping Schools Help Children...

The Student is required to complete all available training within six months of the date the contract was signed. No student is permitted to complete more than four hours of online and behind-the-wheel training in a twenty-four hour period. The Driving School will make available any remaining behind-the-wheel training once the student provided proof of completion of an online driver education program. There may be no refunds provided after that time. Upon expiration of this agreement, a reinstatement fee of **\$200** will be charged before any further services are provided. The Driving School does not guarantee the issuance of a driver license to the Student.

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, **\$75** per hour, based upon hours of service provided prior to cancellation.

Refund Policy:

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 24 hours of online and the student's good-faith effort having been exercised during the 8 hours of practical driving.

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, understand, and have retained a copy of this agreement.

ESC Director _____ **Date:** _____

Student: _____ **Date:** _____ **Permit/DL NO:** _____

Parent/Guardian: _____ **Date:** _____

ALL DRIVES WILL BE FROM THE ESC OFFICE AT AVAILABLE TIME SLOTS

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EMERGENCY MEDICAL AUTHORIZATION
PART I - TO GRANT CONSENT

Please print neatly.

_____ School District/Attend Name		_____ First Name	_____ Middle Initial	_____ Last
_____ Cell/email as to where to send Driving Schedule		_____ Student's Address		
_____ Date of Birth	_____ Permit # /DL NO	_____ Permit date:	_____ Home Phone Number	_____ Student Cell Phone Number

RESIDENTIAL PARENT or GUARDIAN

Mother _____	Phone _____ / _____
	Home Cell
Father _____	Phone _____ / _____
	Home Cell

CONSENT SECTION

In the event reasonable attempts to contact the above persons have been unsuccessful, I hereby give my Consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Hospital _____ Phone _____

EMERGENCY SURGERY

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained **BEFORE THE SURGERY IS PERFORMED**

SPECIAL MEDICAL HISTORY

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date

Signature of Parent or Guardian