



OHIO DEPARTMENT  
OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

Adult Record of Agreement Enterprise # 1061  
3091 West Galbraith Road, Cincinnati, Ohio 45239



513-729-2550

Students Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Temporary Permit # \_\_\_\_\_ Issue Date \_\_\_\_\_ E-Mail \_\_\_\_\_

☐ 2 hour lesson Behind the Wheel \$159.00 X \_\_\_\_\_

☐ Gold Pkg Five 2-hour lessons OR Four 2-hour lessons & State Exam = 10 hrs \$699.00 X \_\_\_\_\_

☐ **Please check each box that you understand the following terms in this agreement between you and Driver Ed Academy.com**

**Driver Ed Academy.com** will furnish a licensed instructor and vehicle for behind the wheel training. Driving instruction will be conducted in Hamilton, Butler, and Warren Counties. **All training must be completed within 6 months of enrollment date.**

☐ 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. **Cancellation or a reschedule must be made 48 hours prior to the scheduled appointment. Failure to do so will result in an additional fee of \$50.00.** The same fee shall apply should the student fail to appear for or does not have their permit in possession at the time of the scheduled lesson or for any reason not prepared to take the scheduled lesson.

☐ **Driver Ed Academy.com** has provided the latest equipment available for your training. It is understood that **Driver Ed Academy.com** reserves the right to cancel this agreement at any time. Destruction of property, or the possession, distribution or the use of any tobacco products, alcohol or drug of abuse is strictly prohibited. **NO REFUNDS**

**\*\*Your signatures below indicates your understanding and agreement with the school.**

\_\_\_\_\_  
Student Signature                      Date                      Instructor/School Official                      Date  
Total Cost \$ \_\_\_\_\_ Amount paid - \$ \_\_\_\_\_ ☐ Check # \_\_\_\_\_ ☐ Cash ☐ Credit Card ☐ Money Order    Thank you!