

SHAWNEE HIGH SCHOOL DRIVER EDUCATION SCHOOL
 3333 ZURMEHLY RD.
 LIMA, OHIO 45806
 419-998-8003

Applicant _____ Date of Birth ____/____/____

Address _____ Home Phone _____

City _____ State, OH Zip Code _____ County _____

SS # _____ High School _____ Grade _____

Temp. License # _____ Date Issued ____/____/____

Cost of the course is \$295.00

Classes will be held in Room #160

The course consists of eight (8) three (3) hour classes for a total of twenty-four (24) hours of classroom instruction and eight (8) hours of BTW (Behind the Wheel) practice driving, which is based on the Ohio Driver Training Curriculum, after successfully completing the classroom portion. Students must attend all classes (on time). **Any class missed for any reason must be made up during the Spring/Summer Session** before students can complete the course. Students must score a 75% or better on the Final Exam to pass the classroom portion.

The Department of Public Safety mandates that parents must sign this application, granting their child permission to take Drivers Education, in the presence of a school official. The parent must bring this application, along with cash or a check (payable to Shawnee High School) for \$295.00, to Mrs. Cowan in the Attendance Office by Friday, January 12, 2018. Students must be 15 ½ or before January 16, 2018, in order to attend the Winter Session.

AGREEMENT

The Shawnee High School Driver Education School shall furnish a licensed instructor, insurance and a motor vehicle for all instruction (Car rental not available). We do not guarantee the issuance of a state driver license to the student. Any student dismissed from class for unruly behavior or misconduct will **not** be given a refund. **The entire course must be completed within six (6) months of the start date, (6/16/18)**, and if not, all classes and associated costs must be repeated. Driver Training Schools are licensed by the Department of Public Safety through the Driver Training Program, 1970 West Broad Street, Columbus, Ohio, 43223. I have read and understand, and have received a copy of this agreement.

School Official: _____ Date _____

Student: _____ Date _____

Parent/Guardian _____ Date _____ Verified by _____
 Date _____

The student must have a picture I.D. & copy of Temps with them to drive with Instructor.

Cash/Check # _____ Date _____ Receipt # _____

Class Times & Dates for Winter Session, 2018

<u>DATE</u>	<u>TIME</u>	<u>DATE</u>	<u>TIME</u>
January 16, 2018 (Tue.)	3:15 to 6:15 PM	February 5, 2018 (Mon.)	3:15 to 6:15 PM
January 22, 2018 (Mon.)	3:15 to 6:15 PM	February 7, 2018 (Wed.)	3:15 to 6:15 PM
January 24, 2018 (Wed.)	3:15 to 6:15 PM	February 12, 2018 (Mon.)	3:15 to 6:15 PM
January 29, 2018 (Mon.)	3:15 to 6:15 PM	February 14, 2018 (Wed.)	3:15 to 6:15 PM

*February 21, 2018 Wednesday, 3:15 to 6:15 PM **ONLY IF NEEDED.**

*(Make up day – this day will be used only if we have to cancel a regular class day.)

(SCHOOL COPY)

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