

Classroom



Ohio Traffic Safety Office

OHIO DEPARTMENT OF PUBLIC SAFETY DRIVER TRAINING

Contract Date _____

STUDENT BEHIND-THE-WHEEL TRAINING REPORT CLASS D

6 month Date _____

The most current version of this document available at www.drivertraining.ohio.gov. Email Address _____

STUDENT NAME	DATE OF BIRTH	HOME PHONE #	WORK PHONE #
ADDRESS	CITY	State	ZIP
PERMIT # / DRIVER LICENSE #	DATE ISSUED	EXPIRATION DATE	
ENTERPRISE NAME <i>Kruisin Driving School LLC.</i>	ENTERPRISE # <i>4007</i>	REPORT YEAR <i>2026</i>	

NOTE: Break time does not count toward the 8 hours of required instructional time.

BEHIND-THE-WHEEL TRAINING					Check for Valid Permit	Entry Level Procedure Tasks	Minimal Traffic, Numerous Intersections	Lane Changes	RR Crossings	Angled/Perpendicular Parking	Vehicle Control at Higher Speeds (25-45 mph)	Moderate, In Town Traffic	Passing	Expressway, Controlled Access Highways	Parallel Parking	Maneuverability Test	Country Roads	Large Volume of Traffic	Night Driving (When Possible)	CERTIFICATE ISSUED		
START DATE	PERFORMANCE CODES																			<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER ISSUED	DATE ISSUED

#1 Comments _____

#2 Comments _____

CASH CHECK

NOTE: Break time does not count toward the 8 hours of required instructional time.

BEHIND-THE-WHEEL TRAINING					Check for Valid Permit	Entry Level Procedure Tasks	Minimal Traffic, Numerous Intersections	Lane Changes	RR Crossings	Angled/Perpendicular Parking	Vehicle Control at Higher Speeds (25-45 mph)	Moderate, In Town Traffic	Passing	Expressway, Controlled Access Highways	Parallel Parking	Maneuverability Test	Country Roads	Large Volume of Traffic	Night Driving (When Possible)			INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
DATE	START TIME	BREAK TIME	END TIME	HOURS DRIVEN																			
																						/	
<p>#3 Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p>																							
																						/	
<p>#4 Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p>																							

NOTE: Use additional sheets if needed.

I, the undersigned Instructor, certify that the Student has satisfactorily completed the behind-the-wheel instruction required by this chapter and section 4508.02(C) of the Revised Code.

Optional:

I, the undersigned Parent/Guardian, certify that I have met with the Instructor concerning the Driver Education instruction received by my child.

SIGNATURE OF INSTRUCTOR	DATE	SIGNATURE OF PARENT / GUARDIAN	DATE
X		X	

No person shall falsify, alter or in any manner tamper with any records required to be kept by the Ohio Administrative Code.



OHIO DEPARTMENT OF PUBLIC SAFETY
DRIVER TRAINING

TRAINING AGREEMENT

ENTERPRISE NAME <u>Kruisin' Driving School LLC</u>		LICENSE NUMBER <u># 4007</u>	
CLASSROOM ADDRESS <u>752 W. Robb Ave.</u>	CITY <u>Lima</u>	STATE <u>Ohio</u>	ZIP CODE <u>45801</u>

Name of Enterprise, hereinafter referred to as "The Driving School" agrees to provide applicant, hereinafter referred to as "Student", 24 hours of theory (classroom or virtual) and/or 8 hours of behind-the-wheel training, whichever is applicable as indicated above, based on the Ohio Driver Training Curriculum. State of Ohio regulations require The Driving School to make available all training by 6 month date

Should a student be unable to attend available training sessions offered, the school is relieved of the aforementioned obligation. The 24 hours of theory must be completed prior to beginning the behind-the-wheel training. Regulations prohibit more than four hours of training to be conducted in one day. The Driving School shall furnish a licensed instructor and a motor vehicle for instruction. The tuition for said instruction is \$ 450.00.

Any additional classroom training that the Student chooses to procure shall be furnished at the rate of \$ 40.00 per hour. Additional in-car training may be obtained at the hourly rate of \$ 40.00. Student, upon the approval of The Driving School, may, for an additional fee of \$ 70.00 use the Driving School's vehicle to take a driving exam at a State exam center located in Allen, Putnam, Auglaize, Hancock County, OH.

The Driving School may loan the Student a textbook for use during enrollment at the Driving School. A fee of \$ 100.00 will be charged for any book not returned or returned damaged.

The Student may begin classroom instruction, at age 15 years and 5 months, before obtaining a temporary driving permit. However, 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. If the Student must cancel a scheduled driving appointment, cancellation must be made at least 24 hours prior to the scheduled appointment. Failure to do so may result in an additional fee of \$ 40.00. ~~The same fee shall apply should the Student fail to appear for, or for any reason not be prepared to take, the scheduled lesson.~~ The Driving School reserves the right to deny the Student admittance to any class if the Student is tardy. Should a check received as payment of tuition in whole or in part, be returned due to insufficient funds, the Student may be removed from driving schedule until such check is made good. An additional fee may be charged for any returned check.

The Student is required to complete all available training within six months of the date the training begins. There may be no refunds provided after that time. Upon expiration of this agreement, a reinstatement fee may be charged before any further services are provided. The Driving School does not guarantee the issuance of a driver's license to the student. If training is not completed within the six months, a new agreement shall be established and training shall be restarted.

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, based upon hours of services 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 number of hours, the student's good faith effort having been exercised during the practical driving portion, and the attainment of a score equal to or greater than 75% on the performance measurement. Should Student fail to achieve the minimum passing score on the final exam additional classroom attendance may be required.

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 and understand and have received a copy of this agreement.

SCHOOL OFFICIAL		SIGNATURE OF SCHOOL OFFICIAL	DATE
STUDENT		STUDENT SIGNATURE	DATE
PARENT / GUARDIAN		PARENT / GUARDIAN SIGNATURE	DATE

School official must be the authorizing official, training manager, or instructor. The Driving School may add addendum(s).



OHIO DEPARTMENT OF PUBLIC SAFETY
DRIVER TRAINING

FINAL REPORT TO PARENT

The most current version of this document available at www.drivertraining.ohio.gov.

The enterprise or organization that completed the training for three years shall maintain records of the instructors and training managers trained. Dates, times, location of training, and curriculum used shall be kept on file for inspection. No person shall falsify, alter, or in any manner tamper with any records required to be maintained. All records required to be maintained by an enterprise under the Ohio Administrative Code (O.A.C.), including those maintained on a computer database, shall be kept in a school's designated office. The authorizing official or training manager shall make all records available for inspection by the director or by a student and / or the student's parent or legal guardian at any and all reasonable times. Any records required to be maintained which are in a computer database shall be accessible and capable of being distinguished from non-related records.

REPORT YEAR	ENTERPRISE NAME	ENTERPRISE #
STUDENT NAME		
CERTIFICATE OF COMPLETION #		DATE ISSUED

Student has received all classroom / online instruction required by O.A.C. 4501-7-09 and Ohio Revised Code (R.C.) section 4508.02(C). *Note: Students who received online instruction provided proof compliant with OAC 4501-7-11	<input type="checkbox"/>
Student has satisfactorily completed the behind-the-wheel instruction required by O.A.C. 4501-7-10 and R.C. section 4508.02(C).	<input type="checkbox"/>
Student has received a score on any examination of knowledge or skill required by O.A.C. 4501-7-09.	<input type="checkbox"/>
Student has received a final test score. % (Knowledge Test Score) *Note: score not available for student who completed online instruction	<input type="checkbox"/>
The completed and signed training record has been given to the student upon completion of the training.	<input type="checkbox"/>

I, the undersigned Instructor or Training Manager, Authorizing Official certify that all training has been successfully completed.

INSTRUCTOR OR TRAINING MANAGER SIGNATURE X	DATE
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REMARKS:

Kruisin LLC

752 W Robb Ave.

Lima Oh, 45801

(419-523-4000)

Emergency Medical Form

Student Information:

Students Name _____

Dates: _____

Parent/ Guardian Name _____

Phone #: _____

Doctor _____

Phone #: _____

Dentist _____

Phone #: _____

Medical Specialist _____

Phone #: _____

Local Hospital _____

Phone #: _____

Please list any information concerning the child's medical history, including allergies, medications being taken and any physical impairment.

Emergency Telephone Numbers

Please list any other authorized persons to contact if your child is ill or injured.

1. Contact _____ Relationship _____ Phone # _____

2. Contact _____ Relationship _____ Phone # _____

3. Contact _____ Relationship _____ Phone # _____

Emergency medical Authorization

_____ Yes, I authorize consent for emergency medical treatment.

_____ No, I DO NOT authorize consent for emergency medical treatment.

Parent/Guardian _____ Date _____

Driver's Test Documents Needed

Please take the following documents with you to take the driver's test.

You **MUST** have all of these or you will **NOT** be allowed to test.

1. Your original certificate for Kruisin Driving School
2. Your permit
3. Your original birth certificate
4. Your original Social Security Card
5. Affidavit from Parents documenting hours of driving with them.

**IF YOU DO NOT HAVE ALL OF
THESE FORMS YOU WILL NOT
BE ALLOWED TO TEST**



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

FIFTY HOUR AFFIDAVIT

PLEASE PRINT

NAME OF TEMPORARY PERMIT HOLDER		TEMPORARY INSTRUCTION PERMIT I.D. #		
ADDRESS		CITY	STATE	ZIP CODE
NAME OF ELIGIBLE ADULT*		DRIVER LICENSE / I.D. CARD #		RELATIONSHIP TO TEMPORARY PERMIT HOLDER
ADDRESS		CITY	STATE	ZIP CODE
E-MAIL ADDRESS OR TELEPHONE #				

The eligible adult identified above personally appeared before me and attested that the temporary permit holder has truthfully recorded in the Supervised Driving Log section the completion of at least fifty (50) hours of actual driving experience. This includes ten (10) hours of driving experience accumulated during nighttime hours, defined as the period commencing one-half hour after sunset and concluding one-half hour before the following sunrise. An eligible adult is either the parent, guardian, or custodian of the applicant or a person over the age of twenty-one who acts in loco parentis of the applicant.

*If the temporary permit holder identified above is applying for a limited term Non-Renewable and Non-Transferrable Driver License, then the eligible adult who supervises the permit holder's driving experience must have a valid Ohio Driver License and be the same adult who completes this attestation.

SIGNATURE OF ELIGIBLE ADULT X

Sworn to and subscribed in my presence this _____ day of _____, 20____ in _____ County,

State of _____

(Notary Seal)

Signature of Notary Public **X** _____ My commission expires _____

NOTICE: Falsifying an affidavit is punishable by fine and/or imprisonment (Ohio Revised Code Section 2921.21 and 4507.21).

Supervised driving hours may be documented manually by filling in the log included or by using the RoadReady Ohio App. Visit RoadReady.ohio.gov for the application. Download the App at the QR code below:



