Learner's Academy Driving School Online Digital Registration

Student Names:	
	(last names, middle names, first name, full names listed on your Driver's License)
Address:	
	Unit Number, Street Number, Street Address, City, Province, Postal Code
Cell / Home Phone:	
E-mail:	
License Number :	
Issue Date:	Exp. Date :

Student Agreement: I understand, agree and acknowledge that I am required to complete the BDE online digital program provided by Learner's Academy Driving School Provider, consisting of 40 hours, within TWELVE CONSECUTIVE MONTHS, otherwise this agreement will expire by default without refunds or credits. I ackownledge and accept that I will need to re-pay the full course fee and must re-take the BDE program from the beginning. WITHOUT EXCEPTIONS. The Online program consists of 20 hours of digital online, 10 hours of HomeLink (homework), and 10 hours of In-Car Sessions. Please be advised that to cancel any in-car lesson we require at least 24 hours notice to avoid charging the full cancellation fee of \$55. The MTO as well has a strict policies and regulations that the student must complete the Online Digital BDE program within 12 consecutive months. Initials ______

After you have successfully completed the online digital BDE course, you are eligible to apply for the BDE -Beginner's Driver Education Insurance Certificate . There is an administrative fee of \$45 dollars that will be collected on your behalf for payment to the MTO certificate registration. You have 14 days from your final class date to give the instructor your payment, and submit a photocopy of your license to enter the course completion information (online certification) on the Driver Education System. The student can request a Driver's License History Form (DLH Form) once they have been certified with the MTO at any Service Ontario kiosk. Please note the MTO / Service Ontario will charge you a fee for the DLH Form. The DLH Form will be needed as proof of student's Beginner Drivers Education program completion for possible insurance discount purposes. Initials ______

Release of Personal Information

"I certify that the statements in this document are accurate and consent to the release of all personal information related to the BDE course program to the Ministry of Transportation, Insurance Bureau of Canada and the MTO Course Inspector." *Initials*_____

Student Signature: X _____

____ Date: _____

I acknowledge that I have read and fully understand the terms and conditions to this agreemnt.

Start BDE Course Date: _____

Expiry BDE Course Date: _____