

# Learner's Academy Driving School

## BDE Registration & Student Agreement

Full Legal Name: \_\_\_\_\_  
(As shown on Driver's License: Last Name, First Name, Middle Name)

Address: \_\_\_\_\_  
Unit, Street Number, Street Name, City, Province, Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### **1. PROGRAM REQUIREMENTS & COMPLIANCE**

I am enrolling in the Beginner Driver Education (BDE) program under Ontario Regulation 473/07. I must complete all 40 hours (20 online theory via **Trubicars**, 10 HomeLink, 10 In-Car) within **12 consecutive months**. Failure to finish within this timeframe results in expiration without refund. Restarting requires full re-payment.

### **2. CANCELLATION & CERTIFICATION FEES**

In-car lessons require **48 hours notice** to cancel. Late cancellations or no-shows incur a **\$75 fee**. A **\$50 certification processing fee** applies upon successful completion. All documents and fees must be submitted within 14 days of the final lesson.

### **3. SPECIALIZED CONSENT FOR RELEASE OF INFORMATION**

I hereby authorize Learner's Academy Driving School to collect, use, and disclose my personal training records, including all theory and in-car test results, digital progress reports, and completion data. I explicitly consent to the release of this information **ONLY** to the following three (3) entities for the purposes of legal certification, insurance discount eligibility, and regulatory quality auditing:

- 1. The Ministry of Transportation (MTO):** For entry into the Driver Education System (DES).
- 2. The Insurance Bureau of Canada (IBC):** For the verification of BDE certificate completion.
- 3. Authorized Third-Party Auditors:** Specifically those appointed by the MTO to conduct compliance audits of driving school records.

Initials: \_\_\_\_\_

### **4. STUDENT RESPONSIBILITIES & GOVERNING LAW**

The student is responsible for following all school policies and Ontario driving laws. This agreement is governed by the laws of the Province of Ontario and Canada. I certify that all information provided is accurate.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

**I ACCEPT AND AGREE TO ALL TERMS AND CONSENTS LISTED ABOVE.**

Instructor/Office Sign-off: \_\_\_\_\_

Course Completion Date: \_\_\_\_\_