

Aceable Ohio Drivers Ed PARENT AFFIDAVIT

I		
Legal Name (printed or typed)	Mailing Address	
City	State	ZIP Code
, Driver's License Number (if applicable)	s	State Issuing Driver's License
Make the following Statement:		
I have read and accepted the Aceable's Enrol	Ilment Contract and Te	erms of Agreement for:
Name of Co	urse Provider/Course	
I hereby consent to my child,aforementioned 24-hour online driver education conthe course. My child will not receive any assistance school's technical support staff and instructors. I hany way while authorizing my child to take this driven	ourse in accordance with the to complete this cours have not attempted to mi	n the policies and procedures of e other than assistance from the
Signature		
STATE OF		
COUNTY OF		
Personally appeared before me, the above-name who provided the document copied above, and executed this affidavit and that the statements and to the best of her/his knowledge and belief.	who being duly sworn	
SUBSCRIBED AND SWORN before me this	day of	, 20
Notary Public (signature)		
, , ,		SEAL
COMMISSION EXPIRES:		