

Aceable Ohio Drivers Ed PARENT AFFIDAVIT

I,			
Legal Name (printed or typed)	Mailing Address		
,,	State	,z	IP Code
Driver's License Number (if applicable)		State Issuing Driver's Lid	cense
Make the following Statement:			
I have read and accepted the Aceable's Enrollm ACEABLE	ent Contract and T	<u>-</u>	nt for:
Name of Course	e Provider/Course		
I hereby consent to my child,	se in accordance wit o complete this cours e not attempted to mi	h the policies and p se other than assist	procedures of ance from the
Signature			
STATE OF			
COUNTY OF			
Personally appeared before me, the above-named _ who provided the document copied above, and who executed this affidavit and that the statements and to the best of her/his knowledge and belief.	ho being duly sworn		ys that she/he
SUBSCRIBED AND SWORN before me this	_ day of		, 20
Notary Public (signature)			
		SEAL	
COMMISSION EXPIRES:			