

Driver Training School Student Record

School name _____

School number _____

| | | |
|---|---------------|--|
| Student name <i>(Last, First, Middle initial)</i> | Date of birth | Driver license or permit number |
| Residence address <i>(Address, City, State, ZIP code)</i> | | Student 10-digit phone number |
| Parent or Guardian name | | Parent or Guardian 10-digit phone number |
| Parent or Guardian email | | |

Answer the following

| | | |
|--|-----|----|
| 1. Informed of requirements? | Yes | No |
| 2. Permission form/ Policy agreement signed by parent and student? | Yes | No |

Thirty hours classroom and six hours behind-the-wheel instruction are required

Use the space below to log your hours. If additional space is required, complete page 2.

| Class | Date | Time in | Time out | Score | Instructor number | Instructor or substitute signature | Student signature |
|-------|------|---------|----------|-------|-------------------|------------------------------------|-------------------|
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| Student class dates | Student class information |
|--|---|
| Class start _____ Class end _____ | <p>Completed: Classroom Behind the Wheel (BTW) Observation</p> <p>Course grade: Pass Fail Incomplete</p> <p>Completed dates: Course _____ Knowledge _____ Skills _____</p> <p>Fees: Paid \$ _____</p> |
| Comments | |

| | | |
|---|---------------|---------------------------------|
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|---|---------------|---------------------------------|

| Class | Date | Time in | Time out | Score | Instructor number | Instructor or substitute signature | Student signature |
|-------|------|---------|----------|-------|-------------------|------------------------------------|-------------------|
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