

## 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	Pass/Fail	Instructor number	Instructor or substitute signature	Student signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Student class dates	Student class information
Class start _____  Class end _____	<p><b>Completed:</b> Classroom Behind the Wheel (BTW) Observation</p> <p><b>Course grade:</b> Pass Fail Incomplete</p> <p><b>Completed dates:</b> Course _____ Knowledge _____ Skills _____</p> <p><b>Fees:</b> Paid \$ _____</p>
Comments	

Student name (Last, First, Middle initial)	Date of birth	Driver license/ permit number
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Class	Date	Time in	Time out	Pass/Fail	Instructor number	Instructor or substitute signature	Student signature
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Class	Date	Time In	Time Out	Pass/Fail	Instructor Number	Instructor or substitute signature	Student signature
Make Up Class							
Make Up Class							
Make Up Class							
Make Up Class							
Make Up Class							