

(C _____) _____
 School / Branch # Name of School

 Classroom Address City State ZIP Code

 Printed Name of Student Street Address City State ZIP Code

_____/_____/_____
 Date of Birth (MM/DD/YY) _____
 Driving Permit Number Expiration Date (_____) Phone Number

Mo.	Day	Yr.	Driving Time (i.e. 4:00-6:00 PM)	TOPICS Based on one hour of driving and one hour of observation per day.	TIMES	Grade	Drive	Observe	Lesson #	Instructor's Initials
			- ___M	Driver Preparation Vehicle Movements	_____				1	
			- ___M	Vehicle Movements Driver Readiness Risk Reduction	_____				2	
			- ___M	Risk Reduction Environmental Factors	_____				3	
			- ___M	Environmental Factors Distractions	_____				4	
			- ___M	Distractions	_____				5	
			- ___M	Alcohol and Other Drugs Adverse Conditions	_____				6	
			- ___M	Vehicle Requirements Consumer Responsibility Driver Responsibility	_____				7	

NO SHOWS:

			- ___M							
			- ___M							
			- ___M							
			- ___M							

I / We hereby certify by my / our signatures that the information contained in this record is true and correct.

Signature of Instructor	Printed Name of Instructor	Instructor's Initials	License Number of Instructor
Signature of Instructor	Printed Name of Instructor	Instructor's Initials	License Number of Instructor
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Signature of Instructor	Printed Name of Instructor	Instructor's Initials	License Number of Instructor

I hereby certify that I have completed the entire course and that the foregoing statements on this record are true and correct.

 Signature of Student Date