

GREEN LIGHT DRIVING ACADEMY

GL076 (0119) (TEEN)

TEEN - DPS ROAD TEST (SKILLS TEST) REGISTRATION TRACKING

DATE	WUFOO # PHONE or OFFICE	Who Submitted? Parent Student	#1 - DATE LVM EMAIL	#2 - DATE LVM EMAIL	#3 - DATE LVM EMAIL	REMINDER DATE:
TESTER'S FULL NAME (First)		(Middle)		(Last)		MALE FEMALE
DATE OF BIRTH AGE: Had Permit 6 Months? / / YES /// NO (If NO – what date _____)				PERMIT NUMBER:		
Parent Email Address:				Parent NAME & Phone Number:		
☐ GLDA STUDENT? GPV CPL RNK BYD (Were they? DRIVE ONLY OUR Online-ACEABLE) ☐ DRIVER EDUCATION SCHOOL? Name of School: _____ ☐ PARENT TAUGHT COURSE? Course Provider: _____						Have Final Docs? YES NO

#1	#2	#3	DOCUMENTATION RECEIVED/VERIFIED (** - the original of these items go into sealed DPS envelope)
*	X	X	** DL-40 – Completed DPS Road Test (Prepped ahead of time)
**	X	X	** Original DE Completion Cert DE-964/PTDE-964 # _____
**	**	**	** Original ITTD Completion Cert. TAKEN / NOT YET: DATE: _____
**	X	X	** Parent Logs – 14 HR // 30 HR // Completed P-T BTW Affidavit // Completed DL-43
			Insurance (must have hard copy of Texas Liability Card)
			License Plate (2 metal – front/back, Texas Buyer's – 1 paper – back (not expired))
			Valid and Current Learner's License (learner's permit) – Proof of Identity
			### Receipt from DPS (if student went there and they kept documents)
Circle form(s) given or provided			Parent Taught BTW Affidavit /// DL-43 /// VOE >>> not required – circle form if we gave them one or they brought it – these are NOT put into the envelope

LESSONS/PRE-TEST:
 # of hours _____
 Day/Date(s): _____
 Time(s): _____
 Pre-Test Form Ready? _____

Student has taken test @ DPS
 DPS: _____
 Returned Papers to Parent
 DATE: _____
 Parent Initials: _____
ACEABLE VOUCHER:
 # _____

FEES (Circle) : Tests: NON-GLDA - \$75 // GLDA - \$60 // \$40 – retake due to failure // \$35 – Reschedule (for late or no-show)
 Packages: Prep&Test = 1 hr-\$165 // 2 hr-\$235 // 3 hr-\$310 // \$70 each lesson if added to packages

PREFERRED DATE/TIME:			LOCATION	GLDA CAR?
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#1 – ORIGINAL TEST – Day/Date	Time:	Confirm Email Sent	Examiner	Results XP DNP
Payment (Initials): CC / Cash Amt: \$ _____ NO FEE	On S2D? H	Prepped?	ADMIN/Student CXL Date: _____	REASON:
# RETAKE / RESCHEDULE – Day/Date	Time:	Confirm Email Sent	Examiner	Results XP DNP
Payment (Initials): CC / Cash Amt: \$ _____ NO FEE	On S2D? H	Prepped?	ADMIN/Student CXL Date: _____	REASON:
# RETAKE / RESCHEDULE – Day/Date	Time:	Confirm Email Sent	Examiner	Results XP DNP
Payment (Initials): CC / Cash Amt: \$ _____ NO FEE	On S2D? H	Prepped?	ADMIN/Student CXL Date: _____	REASON:
# RETAKE / RESCHEDULE – Day/Date	Time:	Confirm Email Sent	Examiner	Results XP DNP
Payment (Initials): CC / Cash Amt: \$ _____ NO FEE	On S2D? H	Prepped?	ADMIN/Student CXL Date: _____	REASON: