**Click here to START or CLEAR, then hit the TAB button**

**Driver Training School ** **Student Record**

School name Washington Driver Education Center 101 School number

|  |  |  |
| --- | --- | --- |
| Student name *(Last, First, Middle initial)* | Date of birth | Driver license/permit number |
| Residence address | Student (Area code) Telephone number |
| Parent/Guardian name | Parent/Guardian (Area code) Home telephone | Parent/Guardian (Area code) Work telephone |
| Informed of requirements?Yes No | Permission form/ Policy agreement signed by parent and student?Yes No | Email |

Thirty hours classroom and six hours behind-the-wheel instruction are required. (Program Administration Summary)

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| Class | Date | Makeup date | Time in | Time out | P/F | Print instructor or substitute name | Instructor or substitute signature | Student signature |
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**\***If additional space is required, complete page 2.

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| --- | --- |
| Student class dates | Student course information |
| Class start Class end  | Completed: Classroom BTW Observation Course grade: Pass Fail IncompleteFees: Paid $ Completed dates: Course Knowledge Skills  |
| Comments |

|  |  |  |
| --- | --- | --- |
| Student name *(Last, First, Middle initial)* | Date of birth | Driver license/ permit number |

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| Class | Date | Makeup date | Time in | Time out | P/F | Print instructor or substitute name | Instructor or substitute signature | Student signature |
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