

Driver Training School Student Record

School name _____

School number _____

Student name <i>(Last, First, Middle initial)</i>		Date of birth	Driver license/permit number
Residence address			Student (Area code) Phone number
Parent/Guardian name		Parent/Guardian (Area code) Home phone	Parent/Guardian (Area code) Work phone
Informed of requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission form/Policy agreement signed by parent and student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email	

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

Class	Date	Makeup date	Time in	Time out	P/F	Print instructor or substitute name	Instructor or substitute signature	Student signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15*								

*If additional space is required, complete page 2.

Student class dates	Student class information
Class start _____ Class end _____	Completed: <input type="checkbox"/> Classroom <input type="checkbox"/> BTW <input type="checkbox"/> Observation Course grade: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete Fees: <input type="checkbox"/> Paid \$ _____ Completed dates: Course _____ Knowledge _____ Skills _____
Comments	