



Student Driving Log

Website: fyndrivingschool.com

Phone: (808)-561-2828

Date	Parctice route (residential, highway, parking)	Time of Day	Weather	Length of session	Adult's Initials

STATE OF HAWAII

Department of Transportation ACKNOWLEDGEMENT OF PRACTICE DRIVING STATE OF HAWAII, COUNTY OF HONOLULU

I, _____ do solemnly swear or affirm under penalty of perjury that

(Parent or Guardian full name)

I am a parent or legal guardian of _____, and that based on my personal or otherwise reasonably obtained knowledge, said minor has completed forty hours of day-time driving, and ten hours of night-time driving, supervised by a licensed driver over the age of twenty- one.

(Student's permit number)

(Student's date of birth)

Subscribed and sworn to me this _____

(Signature of Parent/Guardian)

day of _____, 20____.

My commission expires: _____
