



DRIVER TRAINING SCHOOLS
STUDENT RECORD

SCHOOL NAME _____

SCHOOL NUMBER _____

STUDENT NAME <i>(Last, First, Middle Initial)</i>		DATE OF BIRTH	DRIVER LICENSE/PERMIT NUMBER
RESIDENCE ADDRESS <i>(Street, City, State, Zip)</i>			STUDENT'S (AREA CODE) TELEPHONE NUMBER
PARENT NAME		PARENT'S (AREA CODE) HOME TELEPHONE	PARENT'S (AREA CODE) WORK TELEPHONE
INFORMED OF REQUIREMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No		PERMISSION FORM / POLICY AGREEMENT SIGNED BY PARENT & STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

CLASS	DATE	MAKEUP DATE	TIME IN	TIME OUT	P/ F	PRINT INSTRUCTOR OR SUB NAME	INSTRUCTOR OR SUB SIGNATURE	STUDENT SIGNATURE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15*								

*If the program is more than 5 weeks in length, complete page 2.

CLASS INFORMATION	STUDENT INFORMATION
CLASS START DATE _____	COMPLETED: <input type="checkbox"/> CLASSROOM <input type="checkbox"/> BTW <input type="checkbox"/> OBSERVATION
CLASS END DATE _____	GRADE: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> INC.
	FEES: <input type="checkbox"/> PAID \$ _____ CERTIFICATE NUMBER _____ DATE ISSUED _____
COMMENTS:	

STUDENT NAME <i>(Last, First, Middle Initial)</i>	DATE OF BIRTH	DRIVER LICENSE/PERMIT NUMBER
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CLASS	DATE	MAKEUP DATE	TIME IN	TIME OUT	P/ F	PRINT INSTRUCTOR NAME	INSTRUCTOR SIGNATURE	STUDENT SIGNATURE
16								
17								
18								
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30								

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If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.*