

Adult 6-Hour

INDIVIDUAL STUDENT CLASSROOM RECORD

(C _____) _____
 School / Branch # Name of School Classroom Address

 Printed Name of Student Street Address City State ZIP Code

_____/_____/_____
 Date of Birth (MM/DD/YY) (_____) _____
 Area Code Phone Number Driving Permit Number (if applicable)

ATTENDANCE LEGEND: A = ABSENT P = PRESENT MU = MAKE-UP

Class Date(s) (MM/DD/YY)	Class Time(s) (e.g. 1:00 – 7:00 PM)	Attendance	Topic	Instructional Topics	Instructor's Initials
			1	Introduction	
			2	Your License to Drive	
			3	Right-of-Way	
			4	Traffic Control Devices	
			5	Controlling Traffic Flow	
			6	Alcohol and Other Drugs	
			7	Cooperating with Other Roadway Users	
			8	Managing Risk	
			9	Classroom Progress Assessment	

Must total 6 hours

Road Rules Exam _____ **Road Signs Exam** _____ **Total Class Hours** _____

- I / We hereby certify by signature that the information contained in this record is true and correct.

 Signature of Instructor Printed Name of Instructor License Number of Instructor

 Signature of Instructor Printed Name of Instructor License Number of Instructor

- I hereby certify that the information contained in this record is true and correct and I am responsible for all classroom instruction shown on this form.

 Signature of Teacher of Record Printed Name of Teacher of Record License Number of Instructor

- I hereby certify that I have completed the entire six (6) hour course and the information on this record is true and correct.

 Printed Name of Student Signature of Student Date