

Minor/Adult

Individual Student Class 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

LEGEND: A = ABSENT P = PRESENT AS = ALTERNATE SCHEDULING MU = MAKE-UP T = TERMINATION W = WITHDREW

Mo.	Day	Yr.	Class Time (i.e. 4:00 – 6:00 PM)	Legend	Day of Training	Module Topics and Sub-Topics	Grade	TA (Full) Initials	DET Initials
					1	Module 1 Traffic Laws			
					2	Module 1 Traffic Laws			
					3	Module 1 Traffic Laws			
					4	Module 2 Driver Preparation			
					5	Module 3 Vehicle Movements			
					6	Module 4 Driver Readiness			
					7	Module 5 Risk Reduction			
					8	Module 6 Environmental Factors			
					9	Module 7 Distractions			
					10	Module 8 Alcohol and Other Drugs			
					11	Module 8 Alcohol and Other Drugs			
					12	Module 8 Alcohol and Other Drugs			
					13	Module 9 Adverse Conditions			
					14	Module 10 Vehicle Requirements			
					15	Module 11 Consumer Responsibilities			
					16	Module 12 Driver Responsibilities			

MAKE-UP LESSONS (No more than 10 hours)

Final Grade _____ Total Class Hours _____ Date Started _____ Date Ended _____

• I / We hereby certify 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 Teacher of Record

• I hereby certify that I have completed the classroom phase and that the information on this record is true and correct

Signature of Student _____
Printed Name of Student _____
Date