

### Drivers Education Record Card

District: \_\_\_\_\_ High School: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Students Cell Number: \_\_\_\_\_

Parents Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Learner Permit #: \_\_\_\_\_

Eligibility Date: \_\_\_\_\_  
 (6 Months after you get your learners AND not before your birthday)

Classroom Completion Date: \_\_\_\_\_ Payment: \_\_\_\_\_

**Driving Record**

**Requirements/Signatures**

Drill	Date	BTW	Obs.
<b>Totals</b>			

Classroom	_____
BTW	_____
Obs.	_____
Driving/Skills Test	_____
Zero Fatalities	_____
Teacher Notes:	_____
	_____

Student Signature: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_