

Adult 6-Hour

INDIVIDUAL STUDENT CLASSROOM RECORD

(C 3052) EP E-Z DRIVING SCHOOL 2200 N. LEE TREVINO DR. STE. B5
School / Branch # Name of School Classroom Address

Printed Name of Student Street Address City State ZIP Code
Date of Birth (MM/DD/YY) () 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
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- 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