

Minor/Adult

Individual Student Class Record

(C 3052) EP E-Z DRIVING SCHOOL 11940 DON HASKINS DR. STE. A-2
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/Water Safety			

MAKE-UP LESSONS (No more than 10 hours)

Final Grade _____ Total Class Hours 32 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

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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 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