

Minor/Adult

Individual Student Class Record

(C 3052)
School / Branch #

EP E-Z DRIVING SCHOOL
Name of School

2200 N. LEE TREVINO DR. STE. B5
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)

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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 _____

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 _____