

Minor / Adult

Individual Student In-Car Record

(C 3052)
School / Branch #

EP E-Z DRIVING SCHOOL
Name of School

11940 DON HASKINS DR. STE. A-2
Classroom Address

EL PASO
City

TX.
State

79936
ZIP Code

Printed Name of Student

Street Address

City

State

ZIP Code

/ /
Date of Birth (MM/DD/YY)

Driving Permit Number

/ /
Expiration Date

()
Area Code

Phone Number

Mo.	Day	Yr.	Driving Time (i.e. 4:00-6:00 PM)	TOPICS AND TIMES Based on one hour of driving and one hour of observation per day.	Grade	Drive	Observe	Lesson #	Instructor's Initials
				Driver Preparation 30 min. Vehicle Movements 30 min. Simulation 90 min.				1	
				Vehicle Movements 15 min. Driver Readiness 30 min. Risk Reduction 15 min. Simulation 120 min.				2	
				Risk Reduction 30 min. Environmental Factors 30 min. Simulation 120 min.				3	
				Environmental Factors 45 min. Distractions 15 min. Simulation 120 min.				4	
				Distractions 60 min. Simulation 90 min.				5	
				Alcohol and Other Drugs 30 min. Adverse Conditions 30 min. Simulation 90 min.				6	
				Vehicle Requirements 30 min. Consumer Responsibility 15 min. Driver Responsibility 15 min. Simulation 90 min.				7	

NO SHOWS:

• 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
Signature of Instructor	Printed Name of Instructor	License Number of Instructor

• I hereby certify that I have completed the entire course and that the foregoing statements on this record are true and correct.

Signature of Student _____ Date _____