

Minor / Adult

### Individual Student In-Car Record

(C 3052)  
School / Branch #

EP E-Z DRIVING SCHOOL  
Name of School

2200 N. LEE TREVINO DR. STE. B5  
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