

Minor/Adult

# Individual Student Class Record

(C 3052A)  
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) \_\_\_\_\_ ( ) \_\_\_\_\_ 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
		18			1	Module 1 Traffic Laws Ch. 1-5			
		18			2	Module 1 Traffic Laws Road Signs Test			
		18			3	Module 1 Traffic Laws Road Rules Test			
		18			4	Module 2 Driver Preparation			
		18			5	Module 3 Vehicle Movements			
		18			6	Module 4 Driver Readiness			
		18			7	Module 5 Risk Reduction			
		18			8	Module 6 Environmental Factors			
		18			9	Module 7 Distractions			
		18			10	Module 8 Alcohol and Other Drugs			
		18			11	Module 8 Alcohol and Other Drugs			
		18			12	Module 8 Alcohol and Other Drugs Drunk Goggles			
		18			13	Module 9 Adverse Conditions			
		18			14	Module 10 Vehicle Requirements			
		18			15	Module 11 Consumer Responsibilities			
		18			16	Module 12 Driver Responsibilities Water Safety Final Exam			

MAKE-UP LESSONS (No more than 10 hours)


Final Grade \_\_\_\_\_ Total Class Hours 32 Date Started    /    / 18 Date Ended    /    / 18

• I / We hereby certify that the information contained in this record is true and correct

\_\_\_\_\_  
Signature of Instructor

Daniel Cano  
Printed Name of Instructor

8284  
License Number of Instructor

\_\_\_\_\_  
Signature of Instructor

Luis Rosales  
Printed Name of Instructor

3951  
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

Luis Rosales  
Printed Name of Teacher of Record

3951  
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

Issac E. Ruiz  
Printed Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Instructor

Issac E. Ruiz  
Printed Name of Instructor

4638  
License Number of Instructor

TDLR DE-020-3-CR (POI – Rev. 05/25/17)

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Printed Name of Instructor

\_\_\_\_\_  
License Number of Instructor