

Adult 6-Hour

### INDIVIDUAL STUDENT CLASSROOM RECORD

(C 3052A) EP E-Z DRIVING SCHOOL 2200 N. LEE TREVINO DR. STE. B5 EL PASO, TX, 79936  
 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 (if applicable)

ATTENDANCE LEGEND: A = ABSENT P = PRESENT MU = MAKE-UP

Class Date(s) (MM/DD/YY)	Class Time(s) (e.g. 1:00 – 7:00 PM)	Attendance	Topic	Instructional Topics	Instructor's Initials
/ / 19	M	P/A	1	Introduction	
/ / 19	M	P/A	2	Your License to Drive	
/ / 19	M	P/A	3	Right-of-Way	
/ / 19	M	P/A	4	Traffic Control Devices	
/ / 19	M	P/A	5	Controlling Traffic Flow	
/ / 19	M	P/A	6	Alcohol and Other Drugs	
/ / 19	M	P/A	7	Cooperating with Other Roadway Users	
/ / 19	M	P/A	8	Managing Risk	
/ / 19	M	P/A	9	Classroom Progress Assessment	

Must total 6 hours

Road Rules Exam \_\_\_\_\_ Road Signs Exam \_\_\_\_\_ Total Class Hours 6 / 3

- I / We hereby certify by signature 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 Arlene Cano Printed Name of Instructor 3867 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 Instructor

- I hereby certify that I have completed the entire six (6) hour course and the information on this record is true and correct.

\_\_\_\_\_  
 Printed Name of Student \_\_\_\_\_ Signature of Student \_\_\_\_\_ Date