

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
		19	_ M	Driver Preparation ..... 30 min. Vehicle Movements ..... 30 min. Simulation ..... 90 min.				1	
		19	_ M	Vehicle Movements ..... 15 min. Driver Readiness ..... 30 min. Risk Reduction ..... 15 min. Simulation ..... 120 min.				2	
		19	_ M	Risk Reduction ..... 30 min. Environmental Factors ..... 30 min. Simulation ..... 120 min.				3	
		19	_ M	Environmental Factors ..... 45 min. Distractions ..... 15 min. Simulation ..... 120 min.				4	
		19	_ M	Distractions ..... 60 min. Simulation ..... 90 min.				5	
		19	_ M	Alcohol and Other Drugs ..... 30 min. Adverse Conditions ..... 30 min. Simulation ..... 90 min.				6	
		19	_ M	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	<u>Daniel Cano</u> Printed Name of Instructor	<u>8284</u> 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