

Adult 6-Hour

INDIVIDUAL STUDENT CLASSROOM RECORD

(C 3052) EP E-Z DRIVING SCHOOL 11940 Don Haskins Dr. Ste. A-2 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 _____ 8284 _____
 Printed Name of Instructor License Number of Instructor

Signature of Instructor _____ Arlene Cano _____ 3867 _____
 Printed Name of Instructor 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 _____ 3951 _____
 Printed Name of Teacher of Record 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 _____