

Minor / Adult

Individual Student In-Car Record

(C 3052A)
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
		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	<u>Luis Rosales</u> Printed Name of Instructor	<u>3951</u> License Number of Instructor
_____ Signature of Instructor	<u>Frank Villanueva</u> Printed Name of Instructor	<u>9831</u> 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

_____ Signature of Instructor	_____ Printed Name of Instructor	_____ License Number of Instructor
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