



Driver Training School Student Record

School name QUALITY DRIVING OF PASCO

School number C-108

Student name <i>(Last, First, Middle Initial)</i>		Date of birth	Driver license/ Permit number
Residence address <i>(Street, City, State, Zip)</i>			Student's (area code) telephone number
Parent name		Parent's (area code) home telephone	Parent's (area code) work telephone
Informed of requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permission form/ Policy agreement signed by parent and student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Thirty hours classroom and four hours behind-the-wheel instruction are required. (Program Admin. Summary)

Class	Date	Makeup date	Time in	Time out	P/ F	Print instructor or substitute name	Instructor or substitute signature	Student signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15*								

*If the program is more than 5 weeks in length, complete page 2.

Class information	Student information
Class start date _____	Completed: <input type="checkbox"/> Classroom <input type="checkbox"/> BTW <input type="checkbox"/> Observation Grade: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete
Class end date _____	Fees: <input type="checkbox"/> Paid \$_____ Certificate number _____ Date issued _____
Comments:	

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Class	Date	Makeup date	Time in	Time out	P/ F	Print instructor or substitute name	Instructor or substitute signature	Student signature
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

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