

Minor/Adult

Individual Student Class Record

(C 3268)
School / Branch #

EMS Drivers' ED
Name of School

3023 E I-30 #800G
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 _____

LEGEND: A = ABSENT P = PRESENT AS = ALTERNATE SCHEDULING MU = MAKE-UP T = TERMINATION W = WITHDREW

Mo.	Day	Yr.	Class Time (i.e. 4:00 – 6:00 PM)	Legend	Day of Training	Module Topics and Sub-Topics	Grade	TA (Full) Initials	DET Initials
					1	Module 1 Traffic Laws			
					2	Module 1 Traffic Laws			
					3	Module 1 Traffic Laws			
					4	Module 2 Driver Preparation			
					5	Module 3 Vehicle Movements			
					6	Module 4 Driver Readiness			
					7	Module 5 Risk Reduction			
					8	Module 6 Environmental Factors			
					9	Module 7 Distractions			
					10	Module 8 Alcohol and Other Drugs			
					11	Module 8 Alcohol and Other Drugs			
					12	Module 8 Alcohol and Other Drugs			
					13	Module 9 Adverse Conditions			
					14	Module 10 Vehicle Requirements			
					15	Module 11 Consumer Responsibilities			
					16	Module 12 Driver Responsibilities			

MAKE-UP LESSONS (No more than 10 hours)

Final Grade _____ Total Class Hours _____ Date Started _____ Date Ended _____

• I / We hereby certify that the information contained in this record is true and correct

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 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 Printed Name of Teacher of Record License Number of Teacher of Record

• I hereby certify that I have completed the classroom phase and that the information on this record is true and correct

Signature of Student Printed Name of Student Date