

A C Driving School

STUDENT RECORD

Course Dates:		Permit:		Issue Date:					
Name:		Gender:	Restrictions:	Student Cell:					
Address:		City:	State:	Zip:					
High School:		School Dismissal Time:		Birthdate:					
Parent Name:		Home #	Alt #						
Student Email:			Parent Email:						
Payment Record									
Tuition Amount Due:			Testing Fees Due:						
Date		Amount		Balance					
Date		Amount		Balance					
Date		Amount		Balance					
Date		Amount		Balance					
Classroom Instruction									
Date	Class	Time In	Time Out	Class Hrs	Driver Zed	P/F	Instructor	Instructor Signature	Stu. Initial
	1			2 hrs	N/A				
	2			2 hrs	N/A				
	3			2 hrs	N/A				
	4			1 h 40 m	20 min				
	5			1 h 40 m	20 min				
	6			1 h 40 m	20 min				
	7			1 h 40 m	20 min				
	8			1 h 40 m	20 min				
	9			1 h 40 m	20 min				
	10			1 h 40 m	20 min				
	11			1 h 40 m	20 min				
	12			1 h 40 m	20 min				
	13			1 h 40 m	20 min				
	14			1 h 40 m	20 min				
	15			1 h 40 m	20 min				
	16			2 hrs	N/A				
	17			2 hrs	N/A				
TOTAL				30 hrs	4 hrs				
Classroom Hrs: 30	Test #	Date	Score	Driving Hrs:		Total Hours:			
AAA Driver Zed: 4				Observation Hrs:		Final Grade:			
Pass / Fail				Pass / Fail		80% or > passes			
WA State Knowledge Exam				NOTES:					
Completion Date:		Staff Name:		Date Entered:					

07/03/14
APPROVED 7/3/2014