

Bureau of Motor Vehicles Driver Education Program

DRIVER EDUCATION STUDENT RECORD SHEET

VISUAL ACUITY (SNELLEN FRACTION) _____ FINAL DRIVER EDUCATION EXAM SCORE: _____

WITHOUT CORRECTIVE LENSES WITH CORRECTIVE LENSES

RIGHT EYE 20/ 20/
LEFT EYE 20/ 20/

Color of Hair _____ Color of Eyes _____ Height _____

Weight _____ I gpf gt _____

PASSED _____ RESTRICTED _____ REFERRED _____ SCREENED BY: _____

STUDENT NAME _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE #: _____ COURSE COMP. CERT.# _____

DRIVER EDUCATION SCHOOL NAME _____

(To be completed prior to furnishing to student, parent or BMV)

DATE	TYPE OF INSTRUCTION	CLASSROOM HOURS	BEHIND THE WHEEL DRIVING HOURS	INSTRUCTOR'S SIGNATURE AND LICENSE NUMBER

DATE	TYPE OF INSTRUCTION	CLASSROOM HOURS	BEHIND THE WHEEL DRIVING HOURS	INSTRUCTOR'S SIGNATURE AND LICENSE NUMBER
Date	I certify that I participated in a Parental Involvement component with my son/daughter. _____	Minimum of 1 hour	Options:	<input type="checkbox"/> 1 hour behind-the-wheel session <input type="checkbox"/> 1 hour orientation <input type="checkbox"/> 2 hour classroom session <input type="checkbox"/> 1 hour review/informational video provided by school. Worksheet completed by student and parent and submitted to instructor.

I hereby certify that I received at least 30 hours of classroom instruction and 10 hours of behind the wheel of instruction, which included parental involvement and harassment prevention, with the instructor(s) listed above.

Student Signature _____ Date _____

Students must be at least 15 years of age on the date the course starts. A course completion certificate cannot be issued to a student who was not 15 years of age on the date the course started. One sheet must be completed for each student enrolled in a driver education course and for private lessons. Records must be kept on file for at least 2 years by the driving school and available to BMV-Driver Education at all times.