



NOTES FOR INSTRUCTOR: _____

GDL: Learners 1 Year Yes? ___ No? ___ Date: ___ 0 ___

Instructor: _____ Classes: _____ 2007

**** Please return to register.

Driver Training Student Record (Please fill in Completely)

Last First Middle File No: _____

Name (in full): _____

Mailing Address: _____ Town: _____ Postal Code: _____

Home Address: _____ Town: _____ Home Ph: _____

Operators License No: _____ Date of Birth: _____ Age: _____

Class: _____ Condition: _____ Date Valid: ___/___/0___ Expiry Date: ___/___/0___ Sex: _____
(glasses, etc.) (Important: please fill-in date valid and expiry dates)

Name of Employer or School (not driving sc): _____ Phone: _____

Type of Course: **Driver Education**

Classroom: Month: ___/0___ Days: ___ & ___ Times: ___ a.m. to ___ p.m.

Classroom finished: _____ Date completed: _____ 0___ Exa Marks ___%

Course fees: \$ ___ Paid in full: \$ ___ Date: ___/0___ Owes: \$ ___ Balance Paid? yes ___ no ___

Road Test (if booked): Month: ___ Year ___ 0___ Passed: Yes: ___ No: ___ (fill-in)

Car for Road Test: Driving School Car: Yes: ___ Paid: \$ ___ Own Car: Yes ___

How much driving experience have you had? None ___ Some ___ Lots ___ 1 yr+ ___ ?

I agree to notify the driving school at least 24 hours in advance of any lesson cancellation or I will be responsible for full payment of the scheduled lesson. I also understand that a driving certificate will not be issued to me until I have completed 15 hours of classroom and 10 hours of driving lessons, and have passed the classroom and driving with a mark of at least 80%

Student Signature: _____ Date: _____

*****Please Sign & Date!!!!

In Car Time Sheet (for driving school)

Date:	Time:	Hrs:	Student:	Instructor:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____