Premier Driving Academy

Segment II Student Driver's Education Record Sheet

Month/Year_____

Program #_____

Student Name:_____ **Birthdate:** _____
Last First Middle Month/Day/Year

Telephone # _____ **Segment I Training**_____

Attendance School Dist._____ **Total Cost:**_____

Driver's License #: _____ **Driver's Log (Hours)**_____

Driver's License Date:_____

I have successfully completed segment 2 session one (2 hrs.)	I have successfully completed Segment 2 session 2 (2 hrs.)	I have successfully completed Segement 2 session 3 (2hrs.)
Assessment Completion	Assessment Completion	Assessment Completion
Student Signature	Student Signature	Student Signature
Instructor's Signature	Instructors Signature	Instructor's Signature
Date	Date	Date

Address: House #, Street, City, Zip Code
Instructor's Comments: