

INDIVIDUAL STUDENT RECORD FORM

VINOD DRIVING SCHOOL CORPORATION (C1105)

Name of school and license number

P. O. Box 16485 Sugar land, TX 77496-6485
(281) 445-8600

STUDENT NAME _____ Date of Birth: _____

STUDENT ADDRESS _____ Phone #: _____

CITY, STATE, ZIP _____ SSN or TDL _____

(OFFICE USE ONLY)

		LEGEND: A=ABSENT			P=PRESENT			W=WITHDRAWL		T= TERMINATION	
STU. INITIAL	PYMT RECORD	NO.	MONTH	DAY	YEAR	TIME	TOT-HRS	INST. INITIAL	AREAS OF INSTRUCTION		
		1								Entering Traffic	
		2								Proper Speed control	
		3								Following	
		4								Braking	
		5								Accelerating	
		6								Lane Position	
		7								Usage of Mirrors	
		8								Right Turn	
		9								Left Turn	
		10								Proper Lane on Turns	
		11								Lane Changes	
		12								Attn. At Intersection	
		13								Observing Signs	
		14								Yield Right of Way	
		15								Backing	
		16								Signaling	
		17								Entering Freeway	
		18								Lane change on frwy	
		19								Leaving Freeway	
		20								Parallel Parking	
		21									
		22									
		23									
		24									
		25									
TEST DATE			TEST DATE			TEST DATE			TEST DATE		TEST DATE
DATE START		DATE END		TOTAL HOURS OF LESSON							

I hereby certify that I have completed the entire course and that the foregoing statements on this record are true and correct.

SIGNATURE OF STUDENT

DATE

SIGNATURE OF INSTURCTOR AND LICENSE NUMBER

DATE

SIGNATURE OF SCHOOL DIRECTOR

DATE