

## Pro Driving School



### Student Record

Student Name \_\_\_\_\_ Student's Driver's Licence # \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
\_\_\_\_\_

#### Classes Attended

Date	Time	Length (Hrs:Mins)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Tests Completed

Date	Test Score
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Student Signature Instructor's Signature

#### Instructor Information

Instructor Name \_\_\_\_\_ Instructor's D.I. Permit # \_\_\_\_\_  
Expiry Date: \_\_\_\_\_