	PRO DRIVING SCHOOL		Student In-Car Record
	Name:		Vehicle Transmission: Automatic Standard
	Address:		Balance: Course No:
	Day-Time Phone:	Evening Phone:	Road Test Date:
	Date of Birth (yyyy-mm-dd):	Vision: G C N/A	Driver's Licence:
	Instructor:	D.I. # Expires	Issued:
	Driver's Licence:	Expires	Expires:
Marking Key:			///////////////////////////////////////
E Exceeds Lesson Objective			
M Meets Lesson Objective			
S Satisfactory and Progressing Well			
N Needs More Practice	Inst. Signature		TO THE PORT OF THE
Date M/D/Y Start Finish Length	Inst. Signature	<u> </u>	Student's signature
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