



SAFE DRIVING SCHOOL



Student Name :(First) _____ (last) _____

Address: _____ Apt.# _____ Student# _____

City: _____ * ONT. Postal Code: _____ * DOB(YYYY/MM/DD): _____

Tel. _____ Cell: _____ Major Intersection _____

License# _____ Issue _____ EXP. _____

Road test _____ Time: _____ Place: _____ Instructor name/Driving License Number: _____

Student must sign: I understand that the balance of my course is due by the first hour of in car instruction: I hereby certify that the above is a true statement. If I cancel my appointment without 24H notice then I lose my appointment time. Student Signature _____

OFFICE USE: HRS: DATE: AMOUNT:			CIRCLE CHECK	CONTROLS, INSTRUMENTS & START UP	ACCELERATOR & BRAKE CONTROL	STEERING - HAND OVER HAND	LANE CHANGES	RIGHT TURNS	LEFT TURNS	REVERSING - STRAIGHT & CORNERS	LIGHT TRAFFIC - MIRROR	3 POINT TURNS	HEAVY TRAFFIC - TURNS	FOLLOWING DISTANCE-PASSING	ONE WAY STREET	UP HILL, DOWN HILL PARKING	PARALLEL PARKING	PARKING LOT PARKING	FREE WAY DRIVING	CAR MAINTENANCE	EMERGENCY BRAKING	ROAD TEST EVALUATION	REMAINING BALANCE:					
NUMBER	DATE	TIME																					TOTAL:	PAYMENT:				
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												

Student Signature _____ Instructor license number _____ instructor Signature _____