

# Driver Education Permanent Record Card

School Year \_\_\_\_ - \_\_\_\_

<b>School District</b> <b>St. Marys Area</b>			<b>High School</b>	
Last Name	First Name	Middle Name	Operator No.      Expiration Date	
Address: Route or Street      City      Zip			Physical Disabilities – (list)	
Date of Birth      Telephone No.			License Restrictions – (list)	
<p align="center"><b>Parental Consent</b></p> <p>To: Mr./Mrs./Miss _____</p> <p>My signature hereto signifies my consent to permit my daughter/son</p> <p>Name _____</p> <p>to leave the school building, as needed, to allow her/him to receive behind-the-wheel instruction in driving an automobile under the guidance of a trained teacher on a driving course on or off the school grounds.</p> <p>_____ Signature      Date</p>			<p>I hereby affirm that the above named student has completed 30 clock hours of Driver Education classroom instruction:</p> <p>Principal: _____</p> <p>_____ Date Completed      Grade</p> <p>and a minimum of 6 clock hours of practice driving.</p> <p>Driver Instructor: _____</p> <p>_____ Date Completed      Grade</p>	

Driving Skill Achieved*	I	A	S	U
1. Orientation				
2. Starting & Stopping				
3. Steering - Tracking				
4. Steering - Backing				
5. Signals				
6. Right Turns				
7. Left Turns				
8. Turn Around (2 points)				
9. Turn Around (3 points)				
10. One Way Street Turns				
11. Angle Parking				
12. Parallel Parking				
13. Up-Down Hill Parking				
14. Up-Down Hill Shifting				
15. Lane Changing				
16. City Driving				
17. Country Driving				
18. Expressway Driving				
19. Night Driving				
20. Adverse Conditions				
21. Off-Road Recovery				
22. Evasive Actions				
23. Visual Habits				
24. Space Judgment				
25.				

	Driving Time (Minutes)	
	Date	On Road
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

\* I – Introduced

A - Additional Practice

S – Satisfactory

U – Unsatisfactory