Drivers Education Record Card						
High School: Birthdate:				Driving Checklist		
Name:Cell Number:			1. Are enrolled in or have y	ou completed a DRED Class?	Yes	
Address:City:				2. Is your Learners Permit o	current?	Yes
Parent/Guardian: Parents Number:				3. Have you paid your Driving fee to EHS? Yes		
Learner Permit #:				4. Do you have 40 hrs. drivi	ing with a parent/guardian?	Yes
Eligibility Date:				5. Are you 16?		Yes
(6 Months after you get your learners AND not before your 16 th birthday)				If no, list the date you turn 16		
Parental Consent:				ii no, list the date you tu	m 16	
l,	give permissio	n for my	student,			
, to drive in the Driver's Education car						
with a certified driving instructor	from Emery High.			Di	riving Skills/Routes	
Parent signature:				Students will complete their hours in 2 sessions including driving Highway 6 and I-70. Students will also do the following:		
To Be Completed By Instructor				Right & Left turns, Lane Changes, Backing, Three Point Turns		
Classroom Completion Date: Payment:				Parking- 90 & 45 Degree, Parallel , Hill,		
Drill/Skill	Date	BTW	Obs.	U-Turns; Two Lane Road, Multi-Lane Road-		
				SAFE Method- Scan, Assess, Find, Execute-		
				Test Preparation, Test		
				Skills to be Emphasized		
				Speed Limit	Following Distance	
				Lane Travel	Following Distance Observation/Alertn	000
Totals		Vac	No	Observation	Lane Position	C33
Is DEMS Updated		Yes	No	Checking Blind Spot	Signaling	
Student Signature:				Acceleration/Braking	Steering	
				Stopping	SAFE Method	
Instructor Signature:				Traffic Check (L,R,L,R)	JAI E MICHIOU	
				Traine Check (L, N, L, N)		

No

No

No

No

NO

on