Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

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DRIVER EDUCATION RECORD CARD

_____
High School

STUDENT'S LAST NAME	SCHOOL CODE NUMBER	
STUDENT'S FIRST NAME MIDDLE I.	SOCIAL SECURITY NUMBER	
STUDENT'S ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
STUDENT'S INSTRUCTION PERMIT NUMBER	BIRTHDATE	SEX
DATE CLASSROOM INSTRUCTION COMPLETED	PASS/FAIL	SCHOOL CODE NUMBER
CLASSROOM TEACHER'S LICENSE NUMBER	CLASSROOM TEACHER'S SIGNATURE	
DATE LABORATORY INSTRUCTION COMPLETED	PASS/FAIL	SCHOOL CODE NUMBER
LABORATORY TEACHER'S LICENSE NUMBER	LABORATORY TEACHER'S SIGNATURE	

CLASSROOM

CLASS SIZE	PERIOD LENGTH (Min.)	NUMBER OF WEEKS	TOTAL HOURS	FINAL GRADE

LABORATORY

STUDENT INSTRUCTION PERMIT		TYPE OF CAR		NUMBER IN CAR
Date Issued	Date Expires	☐ Automatic	☐ Standard	

METHOD OF INSTRUCTION		PERIOD LENGTH (Minutes)	NUMBER OF LESSONS	NUMBER OF WEEKS	TOTAL CLOCK HOURS
Simulator					
Multiple-Car Facility	**BTW**				
	OBS				
On-Street Driving	**BTW**				
	OBS				

COMMENTS

NAME OF PARENT OR GUARDIAN (Indicate which)	TELEPHONE (Include Area Code)
EMAIL	
DATE CLASSROOM CLAIMED	DATE LABORATORY CLAIMED

ISBE 34-06 (4/22)

LABORATORY INSTRUCTION

NAME OF STUDENT

TYPE OF INSTRUCTION
1 = Simulator **3 = On-Street (OBS)** **5 = Multi-Car Facility (OBS)**
2 = On-Street (BTW) **4 = Multi-Car Facility (BTW)**

DATE	TYPE OF INSTRUCTION	TIME (Minutes)	LESSONS	STUDENT PROGRESS	OBSERVER'S SIGNATURE

TOTAL HOURS OF INSTRUCTION	CODE 1	CODE 2	CODE 3	CODE 4	CODE 5

Print Reset Form