STUDENT DRIVING EXPERIENCE

STUDENT NAME: _____

DATE	MILES	DAY TIME HOURS	NIGHT TIME HOURS	TYPE OF DRIVING EXPERIENCE	Evaluation		
					Fair	Good	Excellent

TOTALS _____+_____= HOURS OF DRIVING EXPERIENCE

I CERTIFY THAT MY CHILD HAS LOGGED AT LEAST 50 OURS OF PRACTICE DRIVING (AT LEAST 10 HOURS OF WHICH OCCURRED IN NON-DAYLIGHT HOURS) WITH MYSELF, ANOTHER PARENT (OR GUARDIAN) OR A DESIGNATED DRIVER AT LEAST 21 YEARS OLD.

PARENT/GUARDIAN SIGNATURE_____DATE_____