Bryan Callahan's Driving School
610.419.4275
Driver Education and Training Courses
Permanent Record

_____ _____

Last Name, First Name, Middle Initial Date of Birth Age

_____

Address City State Zip Home Phone

Student Permit Number: _____

Parental Consent

I, _____, herby certify that I am the _____ of
Name of Parent/Guardian Parent/Guardian

_____.
Students Name

The above mentioned driving school has my full permission to extend to my child a course of road instruction in Driver Training on the nearby streets and highways of this city, and I herby waive any and all claims against the School and the School's instructors for any injuries to said child which may result from said course.

Signed: _____ Date: _____

DRIVER TRAINING RECORD

Paid in Full: _____ School: _____ Restrictions: _____

Skill/Activity	Date	Instructor Remarks
Intro/Turns		
City Driving		
2 Lane Highway		
Expressways		
Parking		
Review City/Highway		
Review Parking		

Student has successfully completed 30 hour classroom instruction or online course:
Yes _____ No_____