Provider Name	Motor	City D	riving	Academy	/ LLC
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Students Name :				 

## ${\bf CLASSROOM\ INSTRUCTION\ RECORD\ KEEPING}$

## Classroom Hours

		Classroom	Hours		
				STUDENT	
DAY	SUBJECT COVERED	START	STOP	INITIALS	Instructors Signature
1	Licensing system				
	Getting Acquainted with the				
2	Vehicle				
3	Understanding the Vehicle				
	Traffic Control Devices and				
4	Laws				
	Vision and Space				
5	Management				
	Basic Maneuvers in a low risk				
6	Environment				
	Different Driving				
7	Environment				
8	Sharing The Road with Others				
9	Advertise Driving Conditions				
	Intrument Panel, Map, 4				
10	paragraphs and contracts				
11	Review Day				
12	Test Day				
13	Make up Day				

D.OB:
CERTIFICATE #
SEGMENT 1 CERTIFICATE#
STATE EXAM#
STUDENT ADDRESS: