

603 Driving School Observation Form

I, _____ certify that _____
has completed 360 minutes of observation with a parent or legal guardian over the
age of 25 years old. I have kept detailed records of these completed observation
hours.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

CLASS SESSION: _____

603 Driving School Instructor/Administrator Signature: _____ Date: _____