

Driver Education Statement of Completion

(copy to be retained by driving school and student)

I. Classroom Component

Under the pains and penalties of perjury, I hereby confirm that the below named student has satisfactorily completed a minimum of (30) thirty hours of classroom training in driver education at the below named driving school. Such instruction was in accordance with all applicable statutes, regulations and guidelines set forth by the Registry of Motor Vehicles including, but not limited to, all specific curriculum requirements.

Please type or print

Student Name: _____ Permit/Lic.#: _____

Course Start + Completion Dates: _____ Driving School #: _____

Driving School Name: _____ Telephone: _____

Authorized Administrator Name: _____

Signature: _____ Date: _____
(Proprietor, Director, or Officer)

II. On-Road Component

Under the pains and penalties of perjury, I hereby confirm that the below named student has satisfactorily completed the on-road component of driver's education at the below named driving school, including the minimum behind-the-wheel hours of instruction and minimum observation hours while another student was taking behind-the-wheel lessons. Such instruction in the driver training motor vehicle was in accordance with all statutes, regulations and guidelines set forth by the Registry of Motor Vehicles, including, but not limited to, all specific curriculum requirements.

Please type or print

Student Name: _____ Permit/Lic.#: _____

Course Start + Completion Date: _____ Driving School #: _____

Driving School Name: _____ Telephone: _____

Authorized Administrator Name: _____

Signature: _____ Date: _____
(Proprietor, Director, or Officer)

III. Parent Component

Under the pains and penalties of perjury, I hereby confirm that the parent/guardian/designee of the below named student has satisfactorily completed the two hour parent component at the below named driving school. Such instruction was in accordance with all statutes, regulations and guidelines set forth by the Registry of Motor Vehicles, including, but not limited to, all specific curriculum requirements.

Please type or print

Student Name: _____ Permit/Lic.#: _____

Course Start + Completion Date: _____ Driving School #: _____

Driving School Name: _____ Telephone: _____

Authorized Administrator Name: _____

Signature: _____ Date: _____

(Proprietor, Director, or Officer)