1. of 2

**DRIVER SAFETY STUDENT REPORT**

 **Quarter (check one): Feb. –Apr. □ May – Jul. □ Aug. – Oct. □ Nov. – Jan. □**

|  |  |
| --- | --- |
| **School Name/Location**  |  |
| **Name of Instructor(s)**  |  |
| **Class begin date:**  | **Class completion date:**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A**  | **Student Name**  | **Student DOB**  | **Student Contact Information**  | **Final Exam** **Score**  | **TSB Completion** **Certificate #**  | **Date of issue**  |
| **1**  |   |   |   |   |   |   |
| **2**  |   |   |   |   |   |   |
| **3**  |   |   |   |   |   |   |
| **4**  |   |   |   |   |   |   |
| **5**  |   |   |   |   |   |   |
| **6**  |   |   |   |   |   |   |
| **7**  |   |   |   |   |   |   |
| **8**  |   |   |   |   |   |   |
| **9**  |   |   |   |   |   |   |
| **10**  |   |   |   |   |   |   |
| **11**  |   |   |   |   |   |   |
| **12**  |   |   |   |   |   |   |
| **13**  |   |   |   |   |   |   |
| **14**  |   |   |   |   |   |   |
| **15**  |   |   |   |   |   |   |
| **16**  |   |   |   |   |   |   |
| **17**  |   |   |   |   |   |   |
| **18**  |   |   |   |   |   |   |
| **19**  |   |   |   |   |   |   |
| **20**  |   |   |   |   |   |   |

1. of 2

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| --- | --- | --- | --- | --- | --- | --- |
| **A**  | **Student Name**  | **Student DOB**  | **Student Contact Information**  | **Final** **Exam** **Score**  | **TSB Completion** **Certificate #**  | **Date of issue**  |
| **21**  |   |   |   |   |   |   |
| **22**  |   |   |   |   |   |   |
| **23**  |   |   |   |   |   |   |
| **24**  |   |   |   |   |   |   |
| **25**  |   |   |   |   |   |   |
| **26**  |   |   |   |   |   |   |
| **27**  |   |   |   |   |   |   |
| **28**  |   |   |   |   |   |   |
| **29**  |   |   |   |   |   |   |
| **30**  |   |   |   |   |   |   |
| **31**  |   |   |   |   |   |   |
| **32**  |   |   |   |   |   |   |
| **33**  |   |   |   |   |   |   |
| **34**  |   |   |   |   |   |   |
| **35**  |   |   |   |   |   |   |
| **36**  |   |   |   |   |   |   |
| **37**  |   |   |   |   |   |   |
| **38**  |   |   |   |   |   |   |
| **39**  |   |   |   |   |   |   |
| **40**  |   |   |   |   |   |   |

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| --- | --- | --- |
| **B** | **Voided**  | **Please return all original voided certificates to TSC-Licensing** |
|  | **Void date**  | **TSD Certificate of completion #** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |
|  |  **Re-issued** |
|  | **Student Name** | **DOB** | **Student Contact Info** | **Final exam score** | **TSD Certificate of completion #** | **Re-issue date** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |