Students Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period\_\_\_\_\_\_\_ Quarter\_\_\_\_\_\_\_

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| --- |
|  Date Amount Time Student Initials Parent Initials Total Time Driven |
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|  |  |  |  |  |
|  |  |  |  | 9 hours accumulated |
| Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |