



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

Adult 6-Hour

## INDIVIDUAL STUDENT CLASSROOM RECORD

(C \_\_\_\_\_) \_\_\_\_\_  
School / Branch # Name of School Classroom Address

\_\_\_\_\_  
Printed Name of Student Street Address City State ZIP Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YY) (\_\_\_\_\_) Area Code Phone Number Driving Permit Number (if applicable)

ATTENDANCE LEGEND: A = ABSENT P = PRESENT MU = MAKE-UP

Class Date(s) (MM/DD/YY)	Class Time(s) (e.g. 1:00 – 7:00 PM)	Attendance	Topic	Instructional Topics	Instructor's Initials
			1	Introduction	
			2	Your License to Drive	
			3	Right-of-Way	
			4	Traffic Control Devices	
			5	Controlling Traffic Flow	
			6	Alcohol and Other Drugs	
			7	Cooperating with Other Roadway Users	
			8	Managing Risk	
			9	Classroom Progress Assessment	

Must total 6 hours

Road Rules Exam \_\_\_\_\_ Road Signs Exam \_\_\_\_\_ Total Class Hours \_\_\_\_\_

- I / We hereby certify by signature that the information contained in this record is true and correct.

\_\_\_\_\_  
Signature of Instructor Printed Name of Instructor License Number of Instructor

\_\_\_\_\_  
Signature of Instructor Printed Name of Instructor License Number of Instructor

- I hereby certify that the information contained in this record is true and correct and I am responsible for all classroom instruction shown on this form.

\_\_\_\_\_  
Signature of Teacher of Record Printed Name of Teacher of Record License Number of Instructor

- I hereby certify that I have completed the entire six (6) hour course and the information on this record is true and correct

\_\_\_\_\_  
Printed Name of Student Signature of Student Date

1. This Bond shall become effective the day following the date of termination of the prior bond, or the effective date of the Driver Education Provider License, whichever is earliest, and shall remain in full force and effect for the term of the license or until canceled as provided herein. A bond shall be provided with each original application filed. An original bond or a continuation agreement for the bond filed with the original application shall be provided with each renewal application filed.
  
2. This Bond may be canceled at any time by the SURETY, or by the Texas Department of Licensing and Regulation or their designee upon the giving of thirty (30) days written notice, registered mail, in which event the liability of the SURETY shall at the expiration of the thirty (30) days, cease and terminate, except as to such liability of the PRINCIPAL which may have accrued prior to the expiration of the said thirty (30) days, it being understood that the SURETY shall be liable for the default of the PRINCIPAL in fully discharging any liability of his or its part as stated above, accruing while this bond is in full force and effect.
  
3. The liability of the surety on account of all defaults occurring during the entire effective period of this Driver Education Provider License Bond shall not exceed the penalty or amount stated above.

In Testimony Whereof, the parties have hereunto subscribed their names or have caused this instrument to be signed by duly authorized officers and the corporate seal to be hereunto affixed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**VALID POWER OF ATTORNEY MUST BE ATTACHED**

SURETY \_\_\_\_\_ PRINCIPAL \_\_\_\_\_

BY \_\_\_\_\_ BY \_\_\_\_\_  
original signature original signature

TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

TEXAS DEPARTMENT OF INSURANCE FILE NUMBER (if applicable) \_\_\_\_\_

LOCAL RECORDING AGENT \_\_\_\_\_  
original signature

**SURETY SEAL  
 MUST BE AFFIXED**

TYPED OR PRINTED NAME \_\_\_\_\_

TEXAS DEPARTMENT OF INSURANCE FILE NUMBER \_\_\_\_\_

\_\_\_\_\_ insurance agent \_\_\_\_\_ address \_\_\_\_\_ telephone number