



John J. Barthelmes
Commissioner of Safety

State of New Hampshire
Department of Safety
Division of Motor Vehicles
Driver Education Section
23 Hazen Drive, Concord, NH 03305



Elizabeth A. Bielecki
Director of Motor Vehicles

DRIVING SCHOOL MONTHLY REPORT

Approved School Name: _____ Name of Driver Educator(s): _____

Classroom Location: _____ Classroom Address: _____

Course Started: _____ Course Completed: _____

STUDENT NAME (Last, First MI) (alphabetical)	DOB	ADDRESS (Street, City, State & Zip)	TELEPHONE NUMBER	DRIVING HOURS	CERTIFICATE NUMBER	

I certify that the above-listed persons COMPLETED the Driver Education Course in the above-named school during the month of: _____, year _____.

Signature of Person in Charge: _____ Date: _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3

Student Name (Last, First MI)	DOB	ADDRESS (Street, City, State & Zip)	TELEPHONE NUMBER	DRIVING HOURS	CERTIFICATE NUMBER	