

State of New Hampshire

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



DRIVING SCHOOL MONTHLY REPORT

| Approved School Name: | | | _ Name of Driver Educator(s): | | | | | | |
|--|--------------------------------------|-----------------------------|-------------------------------|------------------------|------------------|-----------------------|----------|--|--|
| Classroom Location: | Classroom Address: Course Completed: | | | | | | | | |
| | | | | | | | | | |
| STUDENT NAME (Last, First MI) (alphabetical) | DOB | ADDRESS (Street, City, S | tate & Zip) | TELEPHONE NUMBER | DRIVING HOURS | CERTIFICATE NUMBER | | | |
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| I certify that the above-listed per | sons CC |)MPLETED | the Driver Education | on Course in the above | ve-named sc | hool dui | ring the | | |
| month of: | | | , year | | | | | | |
| Signature of Person in Charge: | | | | Date: | | | | | |

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