***BUREAU OF MOTOR VEHICLES***
***DRIVER EDUCATION PROGRAM***
***#29 STATE HOUSE STATION***
***AUGUSTA, MAINE 04333-0029***
***Telephone: (207)*****624-9156**
**TTY: 877-456-8195**

## ***DRIVER EDUCATION STUDENT RECORD SHEET***

**VISUAL ACUITY** ( SNELLEN FRACTION)

| | WITHOUT CORRECTIVE LENSES | WITH CORRECTIVE LENSES |
|---|---|---|
| RIGHT EYE | 20/ | 20/ |
| LEFT EYE | 20/ | 20/ |
| BOTH EYES | 20/ | 20/ |

PASSED____ RESTRICTED____ REFERRED_____

**SCREENED BY**_____

STUDENT NAME_____ DATE OF BIRTH_____

ADDRESS_____

COURSE COMP. CERT.#_____ PERMIT#_____

| DATE | TYPE OF INSTRUCTION | CLASSROOM HOURS | BEHIND THE WHEEL DRIVING HOURS | INSTRUCTOR'S SIGNATURE AND LICENSE NUMBER |
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**OVER**

| DATE | TYPE OF INSTRUCTION | CLASSROOM HOURS | BEHIND THE WHEEL DRIVING HOURS | INSTRUCTOR'S SIGNATURE AND LICENSE NUMBER |
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**STUDENTS MUST BE AT LEAST 15 YEARS OF AGE AT THE BEGINNING OF THE COURSE.**
**RECORDS MUST BE ON FILE FOR 3 YEARS**
**ONE SHEET FOR EACH STUDENT ENROLLED IN DRIVER EDUCATION COURSE. THIS FORM IS FOR YOUR RECORDS. DO NOT SEND TO BMV.**