State of New Hampshire

Department of Safety, Division of Motor Vehicles
Driver Education Section
23 Hazen Drive, Concord, NH 03305
(603) 227-4075

John J. Barthelmes
Commissioner of Safety

Richard C. Bailey, Jr.
Director of Motor Vehicles

DRIVER EDUCATION ENROLLEE REPORT

School Name/SAU: _____ Classroom Address: _____

Name of Driver Educator(s) _____

Commercial School Name / License No. _____

Course Started: _____ Course Completed: _____

Classroom Times: _____ (check) ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	SEX (M/F)	ADDRESS (Street, City, State)	TELE.#

******USE OTHER SIDE FOR ADDITIONAL SPACE******

I certify that the above listed persons are presently enrolled in the Driver Education Course in the above named school.

_____ _____ _____
Signature of Principal/Owner of School Title Date

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

CONTINUED FROM OTHER SIDE:

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	SEX (M/F)	ADDRESS (Street, City, State)	TELE.#