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

Elizabeth A. Bielecki
Director of Motor Vehicles

DRIVER EDUCATION ENROLLEE REPORT

Approved Driving School Name: _____

Classroom Location: _____ Classroom Address: _____

Name of Driver Educator(s): _____

Course Started: _____ Course Completed: _____

Classroom Times: _____ Class Dates: _____

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