

Teen / Adult

# INDIVIDUAL STUDENT IN-CAR RECORD

Exhibit I-3

(C 1939)  
School / Branch #

ILA DRIVING SCHOOL

Name of School

9898 Bissonnet st. suite 277

Classroom Address

Houston  
City

TX  
State

77036  
ZIP Code

Printed Name of Student

Street Address

City

State

ZIP Code

Date of Birth (MM/DD/YY)

Driving Permit Number

Expiration Date

(Area Code)

Phone Number

| Mo. | Day | Yr. | Driving Time<br>(i.e. 4:00-6:00 PM) | TOPICS<br>Based on one hour of driving and one hour of observation per day. | TIMES | Grade | Drive | Observe | Lesson # | Instructor's<br>Initials |
|-----|-----|-----|-------------------------------------|---|-------|-------|-------|---------|----------|--------------------------|
|     |     |     | - __M                               | Driver Preparation .....  | _____ |       |       |         | 1        |                          |
|     |     |     | - __M                               | Vehicle Movements .....   | _____ |       |       |         |          |                          |
|     |     |     | - __M                               | Vehicle Movements .....   | _____ |       |       |         | 2        |                          |
|     |     |     | - __M                               | Driver Readiness .....  | _____ |       |       |         |          |                          |
|     |     |     | - __M                               | Risk Reduction .....  | _____ |       |       |         |          |                          |
|     |     |     | - __M                               | Risk Reduction .....  | _____ |       |       |         | 3        |                          |
|     |     |     | - __M                               | Environmental Factors .....   | _____ |       |       |         |          |                          |
|     |     |     | - __M                               | Environmental Factors .....   | _____ |       |       |         | 4        |                          |
|     |     |     | - __M                               | Distractions .....  | _____ |       |       |         |          |                          |
|     |     |     | - __M                               | Distractions .....  | _____ |       |       |         | 5        |                          |
|     |     |     | - __M                               | Alcohol and Other Drugs .....   | _____ |       |       |         |          |                          |
|     |     |     | - __M                               | Adverse Conditions .....  | _____ |       |       |         | 6        |                          |
|     |     |     | - __M                               | Vehicle Requirements .....  | _____ |       |       |         |          |                          |
|     |     |     | - __M                               | Consumer Responsibility .....   | _____ |       |       |         | 7        |                          |
|     |     |     | - __M                               | Driver Responsibility .....   | _____ |       |       |         |          |                          |

NO SHOWS:

|  |  |  |       |  |  |  |  |  |  |  |
|--|--|--|-------|--|--|--|--|--|--|--|
|  |  |  | - __M |  |  |  |  |  |  |  |
|  |  |  | - __M |  |  |  |  |  |  |  |
|  |  |  | - __M |  |  |  |  |  |  |  |
|  |  |  | - __M |  |  |  |  |  |  |  |

I / We hereby certify by my / our signatures that the information contained in this record is true and correct.

|                         |                            |                       |                              |
|-------------------------|----------------------------|-----------------------|------------------------------|
| Signature of Instructor | Printed Name of Instructor | Instructor's Initials | License Number of Instructor |
| Signature of Instructor | Printed Name of Instructor | Instructor's Initials | License Number of Instructor |
| Signature of Instructor | Printed Name of Instructor | Instructor's Initials | License Number of Instructor |
| Signature of Instructor | Printed Name of Instructor | Instructor's Initials | License Number of Instructor |

I hereby certify that I have completed the entire course and that the foregoing statements on this record are true and correct.

Signature of Student

Date