Fresh Green Light
learning to drive for life

Practice Log

Driver: _____ Permit #: _____

Date	Parent or Guardian	What We Practiced	Length of Practice	Total Practice Time to Date
TOTAL				

I confirm that the information contained above accurately reflects the activities, dates and times of practice conducted behind-the-wheel.

_____ _____ _____ _____

Student *Date* *Parent/Guardian* *Date*

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