

NAS DRIVING SCHOOL

STUDENT INFORMATION SHEET

STUDENT's Name **Robin Harrison**: PARENT/SUP.:

ADDRESS: **919 Highwood Drive**

Postal code **V9M 3R5**

City **Comox BC**

Province **BC**

PHONE: **250-339-4754** Email: **robinjen@shaw.ca** BCDL: **3184771**

Licence Class: **7L / 7N / 5L / 5**

BCDL EXPIRY: **July 21 2027** BCDL RESTRICTIONS: _____

NOTE: By signing this form, the student acknowledges a clear understanding of the school's policies.

INST. SIGN: _____ STUDENT SIGN: **Vladimir Sorokin**

L. #	DATE	TIME	DUR.	FEE	INST. Sign	STUD. Sign.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

STUDENT PERFORMANCE SHEET

Rating Scale: 1 – Needs coaching, 2 – Can do it with minimum coaching, 3 – Can do it by own, 4- Competent

SKILL	L # 1	L # 2	L # 3	L # 4	L # 5	L # 6	L # 7	L # 8	L # 9	L # 10
Circle Check										
Cab Controls										
Hand Signals										
Starting										
Steering										
Speed Control										
Space Margin										
Braking										
Mirror Check										
Shoulder Check										
Pull away / over										
Hill Park & Exit										
Intersections										
Lane Position										
Lane Change										
Right Turn 1										
Right Turn 2										
Right Turn 3										
Left Turn 1										
Left Turn 2										
Left Turn 3										
Yield / Merging										
Roundabout										
2 Point Turn										
3 Point Turn										
Straight Reverse										
Reverse Park										
Parallel Park										
Forward Park										
Highway										
Hazard Perception										
Sign Recognition										
INST. Sign										
Student Sign										

Right Turn - 1 is with Stop Sign, Right Turn - 2 is No Stop Sign, and Right Turn- 3 is with Yield sign

Left Turn - 1 is Normal turn, Left turn - 2 is with Priority signal, and Left Turn- 3 is with Designated signal

ROAD TEST DATE: August 31 _____

PASS / FAIL