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STUDENT	STUDENT INFORMATION	TION									
STUDENT NAME	m					DATE OF BIRTH	Ŧ		DATE PERMIT RECEIVED		EXPECTED LICENSE DATE
STUDENT	STUDENT DRIVING LOG	<u>.0G</u>									
DATE	TIME	HOURS	TOTAL	SKILLS PRACTICED	Adult initials	DATE	TIME	HOURS	TOTAL	SKILLS PRACTICED	ADULT INITIALS

**DRIVING LOG** 

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