



GOOD STUDENT/DRIVER TRAINING

DATE (MM/DD/YYYY)

| | | | | | |
|---------------------|----------|---|----------------|-----------------|--|
| PRODUCER | | NAME AND MAILING ADDRESS (INCLUDE ZIP CODE) | | | |
| CODE: | SUBCODE: | CO/PLAN | EFFECTIVE DATE | EXPIRATION DATE | |
| AGENCY CUSTOMER ID: | | POLICY #: | NEW | RENEWAL | |

| STUDENT INFORMATION | | |
|--|-----------|----------------------------|
| NAME OF STUDENT | FULL TIME | NAME AND ADDRESS OF SCHOOL |
| | PART TIME | |
| <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR | | |

| GOOD STUDENT CERTIFICATE | DRIVER TRAINING CERTIFICATE |
|--|--|
| TO BE COMPLETED BY SCHOOL OFFICIAL | TO BE COMPLETED BY REPRESENTATIVE |
| <p>The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following:</p> <input type="checkbox"/> ranked among the upper 20% of their class scholastically; or <input type="checkbox"/> in a school using letter grades, had a grade average of "B" (if the system of letter grading cannot be averaged, no grade shall be below "B"); or <input type="checkbox"/> had a grade average of at least 3 points on a 4 point scale (or its equivalent); or <input type="checkbox"/> was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement). | <p>This is to certify that the student has successfully completed:</p> <p>_____ clock hours of classroom instruction; AND</p> <p>_____ clock hours on the average per student for actual driving experience in the practice driving phase (exclusive of observation time in the car); AND/OR</p> <p>_____ clock hours on the average per student in an approved device which simulates practice driving.</p> |
| DATE (MM/DD/YYYY) | AUTHORIZED SIGNATURE |
| NAME AND TITLE OF SCHOOL OFFICIAL | |