## Student Behind the Wheel Extension Request

## Note for Students:

	adontor					
		ng school to ensure you o bol for additional time by			education within 1	8 weeks. However, you are
By signing	ı below, I agr	ee that I need more than	18 weeks to finis	sh the driver edu	cation program.	
Name of Student (Printed)			Signature (Parent/Guardian if under 18)			Date
School Infe	ormation					
Name of School			School ID Number			Phone Number
Street Name			1	City	State	Zip Code
				•	Ч	
	-	sentative (Printed)	Signatur	́е		Date
	ontact Track					
		t each attempt to contac in writing, attach each			ne 18-week require	ment. Use the table below.
Date	Time	Method of Contact (phone, email, etc)	Comments			

This form must be kept with each students record for auditing purposes.