



# GOOD STUDENT/DRIVER TRAINING

DATE (MM/DD/YY)

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**

TO BE COMPLETED BY SCHOOL OFFICIAL

The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following:

- ranked among the upper 20% of their class scholastically; or
- 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
- had a grade average of at least 3 points on a 4 point scale (or its equivalent); or
- was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).

**DRIVER TRAINING CERTIFICATE**

TO BE COMPLETED BY REPRESENTATIVE

This is to certify that the student has successfully completed:

- \_\_\_\_\_ clock hours of classroom instruction; AND
- \_\_\_\_\_ 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
- \_\_\_\_\_ clock hours on the average per student in an approved device which simulates practice driving.

DATE (MM/DD/YY)	NAME AND TITLE OF SCHOOL OFFICIAL	AUTHORIZED SIGNATURE
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