



North East Adult & Community Education

Driver's Education Program

Session Makeup Verification Form

Instructions:

1. Complete this form
2. Bring it to class on the day you make up a session
3. Sign-in in the appropriate sheet that will be available for you
4. **Have instructor sign next to the appropriate Day**
5. Send it or bring it to us:
 - a. via email driversedu@neisd.net
 - b. via Fax 210-657-8612
 - c. via regular mail: 8750 Tesoro Drive, San Antonio, TX 78217
 - d. physical address: 8750 Tesoro Drive, San Antonio, TX 78217

Your Last Name: _____ Your First Name: _____

Instructor: _____ Location _____

Check appropriate box (es) and indicate date(s) on appropriate space.

Day 1 _____ Date: _____ Day 9 _____ Date: _____

Day 2 _____ Date: _____ Day 10 _____ Date: _____

Day 3 _____ Date: _____ Day 11 _____ Date: _____

Day 4 _____ Date: _____ Day 12 _____ Date: _____

Day 5 _____ Date: _____ Day 13 _____ Date: _____

Day 6 _____ Date: _____ Day 14 _____ Date: _____

Day 7 _____ Date: _____ Day 15 _____ Date: _____

Day 8 _____ Date: _____ Day 16 _____ Date: _____

Remember: It is your responsibility to forward the Makeup form to the Driver's Education office in a timely manner. If we do not receive the makeup form from you, we cannot give you credit for the session attended.

Internal Use Only

Request Received on: _____

By: _____