# ACORD GOOD STUDENT/DRIVER TRAINING

DATE (MM/DD/YY)

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

## STUDENT INFORMATION

NAME OF STUDENT

☐ FULL TIME ☐ PART TIME

☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR

NAME AND ADDRESS OF SCHOOL

## 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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