

Chapter 1 Test

Student Name: _____

Date: _____

The above named student did not receive help from any person during the testing period.

Signed: _____
(Name of Parent or Adult)

Date: _____

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

13) _____

14) _____

Completed test should be mailed to:

A Safe Way Driving School
ATTN: John Mumma
3178 Grande Oak Place
Lancaster, PA 17601