

Unit 4 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) _____

15) _____

2) _____

16) _____

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17) _____

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19) _____

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27) _____

14) _____

Completed test should be mailed to:

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