





Learners Permit Theory Test Register

Pass mark – 24/30

ESSENTIAL: Email completed spread-sheet ASAP to sdera.co@education.wa.edu.au

Keep a copy on school records for 2 years for audit and replacement purposes.

School:

Teacher full name:

Test Date:

Number sitting test:

Number passed test:

Student first name	Student last name	Date of Birth (must be 15 or	Score /30	Pass/ Fail	Certificate issued:	Certificate Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						

Send Excel document only - contact sdera.co@education.wa.edu.au

I declare the information recorded on the Test Register to be a true statement.

Name and position _____ Date _____

Witness and position _____ Date _____