MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child

DE-1 Please check one
☐ Regular Session
☐ Summer Session

APPLICATION TO THE STATE BOARD OF EDUCATION FOR APPROVAL AND STATE-AID FOR TEACHING DRIVER EDUCATION

Application is hereby made by _____ High School of _____ Mississippi, for approval and State-aid for teaching driver education. The following information is submitted pertaining to the application.

1. Complete name of Driver Education instructor _____
   Home address _____ Zip Code _____
   a. Semester hours in driver education _____
   b. Date driver education courses completed _____
   c. Date driver education certificate issued _____
   d. Certificate number _____
   e. Institution attended for driver education certificate _____
   f. Kind of teacher's license held: Secondary License _____ Elementary License _____

2. The number of students desiring and qualifying to take the course during this session:
   First semester _____ Second semester _____ Summer _____ Total _____

3. Total number of periods per day driver education will be taught by ALL instructors _____

4. Course will consist of:
   30 hours classroom, 6 hours behind-the-wheel ☐
   30 hours classroom, 12 hours simulation, 3 hours behind-the-wheel ☐
   30 hours classroom, 6 hours range, 2 hours behind-the-wheel ☐

   The six hours of actual behind-the-wheel driving may be done in one of the following ways:
   a. Six hours of actual behind-the-wheel driving experience
   b. Three hours actual behind-the-wheel driving experience and 12 hours practice in an approved simulator (or)
   c. Range instruction substituting at a 2-1 ratio with a minimum of 2 hours on-street driving regardless of the combination of simulation, range, and on-street

5. Will credit be given for this course? _____ If yes, how much credit? _____

6. Can automobile be secured for behind-the-wheel driving? _____
   a. Make _____ b. Model _____

7. List training aids and devices, such as psychophysical testing equipment, traffic boards, etc., that are available.
   _____
   _____

I certify that the above statements are true and correct.

_____
Date

_____
School Address

_____
Telephone

_____
Superintendent

_____
School District County

MAIL TO:

Mississippi Department of Education
Office of Safe and Orderly Schools
Division of Pupil Transportation
P.O. Box 771
Jackson, MS 39205-0771

_____
Principal