

REQUISITION FOR REIMBURSEMENT FOR DRIVER EDUCATION

School Attendance Center _____ Address _____

School District _____ Address _____

The following number of driver education students have completed the course or courses listed below:

1. Sixty (60) hours classroom instruction and six (6) hours behind-the-wheel _____

2. Thirty hours (30) classroom instruction and six (6) hours behind-the-wheel _____

3. Sixty (60) hours of classroom instruction, twelve (12) hours simulator training, and three (3) hours driving

_____ No. trained in school equipment

_____ No. trained in State equipment

4. Thirty (30) hours classroom instruction, twelve (12) hours simulator training, and three (3) hours behind-the-wheel driving

_____ No. trained in school equipment

_____ No. trained in State equipment

5. Total number of periods per day driver education is taught by all instructors _____

6. Name as it appears on teacher's license, of teacher or teachers of driver education in this school (Please print)

7. Have all teachers of driver education met the requirements necessary for this school to be eligible for reimbursement?

Yes _____

No _____

8. Are fees collected for participation in the driver education program? Yes _____ No _____

9. Amount for students \$ _____ Amount for adults \$ _____

The principal shall **complete three (3) copies of forms DE-3 and DE-3A**, keep one (1) copy for his/her files, send two (2) copies to the Superintendent who will file one, and forward one (1) copy of each to the Mississippi Department of Education Office of Safe and Orderly Schools, Division of Pupil Transportation P.O. Box 771 in Jackson, Mississippi, 39205-0771 within ten (10) days after the conclusion of the semester for which reimbursement is being requested.

Form DE-3A must be completed in its entirety, listing only those who have completed all the course requirements.

I hereby certify that the above statements are true and correct.

Print: _____
Principal of School

Superintendent of School District

Sign: _____
Principal of School

Superintendent of School District

_____ Date

_____ Date