

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

**School Information and Vehicle Information**

Name of High School \_\_\_\_\_ School District \_\_\_\_\_

High School Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ ZIP \_\_\_\_\_

Principals' Name \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**SCHOOL YEAR: 20\_\_ - 20\_\_     REGULAR SESSION/FALL/SPRING    SUMMER SESSION**

If summer session, what is the start date and end date? \_\_\_\_\_

Number of qualifying students taking the course. (10 MINIMUM): Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Driver Education Vehicle Information: YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

Is the vehicle properly marked with a dual control brake installed?                                     YES    NO

Will credit be given for the course?      YES    NO  
If yes, how much credit? \_\_\_\_\_

Do instructors meet the qualifications set forth in the Mississippi Driver Education Framework?                                     YES    NO

**Driver Education Instructor(s) Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Elementary License     Secondary License     Driver Education Endorsement? Yes  No

Institution Attended: \_\_\_\_\_    Date Driver Education Endorsement Issued: \_\_\_\_\_

Number of periods per day instructor will teach the course \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Elementary License     Secondary License     Driver Education Endorsement? Yes  No

Institution Attended: \_\_\_\_\_    Date Driver Education Endorsement Issued: \_\_\_\_\_

Number of periods per day instructor will teach the course \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Elementary License  Secondary License  Driver Education Endorsement? Yes  No

Institution Attended: \_\_\_\_\_ Date Driver Education Endorsement Issued: \_\_\_\_\_

Number of periods per day instructor will teach the course \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Elementary License  Secondary License  Driver Education Endorsement? Yes  No

Institution Attended: \_\_\_\_\_ Date Driver Education Endorsement Issued: \_\_\_\_\_

Number of periods per day instructor will teach the course \_\_\_\_\_ Email Address: \_\_\_\_\_

**Course Information**

**PLEASE SELECT ONE:**

- 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
- 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

**DE-2 form required if requesting a state-owned simulator. (PUBLIC SCHOOLS ONLY)**

**Disclaimer and Signature of Principal and Superintendent**

*I certify that the above answers are true and complete to the best of my knowledge. I understand that this application must be approved by the Mississippi Department of Education, Office of Safe and Orderly Schools, Division of Pupil Transportation before any driver education course is taught for the regular session or summer session. The high school and school district will abide by all rules and regulations in the Mississippi Driver Education Framework set forth by the Mississippi State Board of Education.*

Principal/Headmaster Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scan and email this application to Jonathan J. Tillman, Sr., Pupil Transportation Administrator at [jtillman@mdek12.org](mailto:jtillman@mdek12.org).

**This section is to be completed by the MDE, Division of Pupil Transportation**

APPROVED  NOT APPROVED Signature, Driver Education Supervisor \_\_\_\_\_

REASON: \_\_\_\_\_