

# 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 or Non-Public Sc	shool	School District			
School Address	City	County	ZIP		
Principal's Name	Email Address		Phone Number		
SCHOOL YEAR: 20 20		/□SPRING			
If summer session, what is the st	art date and end date?				
Number of qualifying students t	aking the course. ( <b>10 MINIMUM</b> ):	FallSpring	Summer		
Driver Education Vehicle Information	tion: YEAR: MAKE:	MODE	iL:		
Is the vehicle properly marked w	ith a dual control brake installed?				
Will credit be given for the course If yes, how much credit?					
INSTRUCTOR(S) DO NOT HAV AND A VALID DRIVER'S LICEN SCHOOLS MUST BE ACCRE	NSTRUCTOR(S) LISTED WITH E DRIVER EDUCATION ENDORS SE, THE INSTRUCTOR IS NOT QU DITED BY THE COMMISSION O ENT SCHOOLS, OR SOUTHERN A	EMENT ISSUED ON TH JALIFIED TO TEACH T IN SCHOOL ACCRED ASSOCIATION OF COL	HE EDUCATOR'S LICENSE HE COURSE. NON-PUBLIC ITATION, THE MIDSOUTH		
	Driver Education Instructor	(S) Information			
Name:	Address:				
Educator ID Number:	_Driver Education Endorsement?	Yes 🗆 No 🗆 Valid Driv	ver's License? Yes⊟ No⊟		
Institution Attended: Date Driver Education Endorsement Issued:					
Number of periods per day instru	ctor will teach the courseE	mail Address:			
Name:	Address:				
Educator ID Number:	Driver Education Endorsement?	Yes 🗆 No 🗆 Valid Dri	ver's License? Yes $\Box$ No $\Box$		
nstitution Attended: Date Driver Education Endorsement Issued:					
Number of periods per day instructor will teach the course Email Address:					



Name:	Address:	
Educator ID Number:	_ Driver Education Endorsement? Yes $\Box$ No $\Box$ Valid Driver's License	?Yes□ No□
Institution Attended:	Date Driver Education Endorsement Issued:	
Number of periods per day instruc	ctor will teach the course Email Address:	
Name:	Address:	

Educator ID Number:\_\_\_\_\_ Driver Education Endorsement? Yes 
No Valid Driver's License? Yes No

Institution Attended		Date Driver	- Education	Endorsement	Issued:	
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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
- $\square$  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 prior to any driver education course taught for the regular session or summer session. The school/school district or accredited non-public school 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:
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Superintendent Signature: Date:

Scan and email this application and motor vehicle report (MVR) to Jonathan J. Tillman, Sr., Pupil Transportation Administrator at jtillman@mdek12.org. <u>Application for the regular session is due by July 15</u> of each year. <u>Application for the summer session is due by April 15 of each year</u>. An approved copy of this application must be on file and all requirements met to qualify for reimbursement.

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

□ APPROVED □ NOT APPROVED Signature, Driver Education Supervisor\_\_\_\_\_\_ Note: