



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

S	chool Information and	d Vehicle Information	
Name of High School or Non-Public School		School District	
School Address	City	County	ZIP
Principal's Name	Email Addres	ss	Phone Number
SCHOOL YEAR: 20 20 [□ REGULAR SESSION/□]FALL/□SPRING	□SUMMER SESSION
If summer session, what is the star	t date and end date?		
Number of qualifying students tak	king the course. (10 MINII	MUM): FallSprin	ngSummer
Driver Education Vehicle Information	on: YEAR: MAKE	::MO	DEL:
Is the vehicle properly marked with	a dual control brake instal	lled?	□ YES □ NO
Will credit be given for the course? If yes, how much credit?			□ YES □ NO
REPORT (MVR) FOR THE INS INSTRUCTOR(S) DO NOT HAVE AND A VALID DRIVER'S LICENSE SCHOOLS MUST BE ACCREDI' ASSOCIATION OF INDEPENDEN	DRIVER EDUCATION EN E, THE INSTRUCTOR IS N TED BY THE COMMISSI	DORSEMENT ISSUED ON NOT QUALIFIED TO TEACH ION ON SCHOOL ACCRE	THE EDUCATOR'S LICENSE ITHE COURSE. NON-PUBLIC EDITATION, THE MIDSOUTH
	Driver Education Instr	uctor(s) Information	
Name:	Address:		
Educator ID Number:[
Institution Attended:	Date Driver I	Education Endorsement Iss	ued:
Number of periods per day instruct	or will teach the course	Email Address:	
Name:	Address:		
Educator ID Number:	_Driver Education Endorse	ement? Yes □ No □ Valid I	Driver's License? Yes□ No□
Institution Attended:	Date Driver	r Education Endorsement Is	sued:
Number of periods per day instruct	or will teach the course	Email Address	





Name:	Address:				
Educator ID Number:	Driver Education Endorseme	nt? Yes □ No □ Valid Driver's License? Yes□ No□			
Institution Attended:	Date Driver E	ducation Endorsement Issued:			
Number of periods per day	instructor will teach the course	Email Address:			
Name:	Address:				
Educator ID Number:	Driver Education Endorseme	nt? Yes □ No □ Valid Driver's License? Yes□ No□			
Institution Attended:	Date Driver E	ducation Endorsement Issued:			
Number of periods per day	instructor will teach the course	Email Address:			
	Course Inforr	nation			
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					
		e done in one of the following ways:			
	ual behind-the-wheel driving exp	•			
	• .				
b. Three hours act simulator	uai bening-the-wheel driving ex	perience and 12 hours practice in an approved			
•	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				
	uesting a state-owned simulator. (P				
Dis	claimer and Signature of Prin	cipal 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 Sign	nature:	Date:			
Superintendent Signature:Date:		Date:			
Specialist at dlatham@n Application for the sumr	ndek12.org. Application for the r	e report (MVR) to Darrell Latham, Program egular session is due by July 15 of each year. each year. An approved copy of this application mbursement.			
This section	is to be completed by the MD	E, Division of Pupil Transportation			
☐ APPROVED ☐ NOT AP		cation Supervisor			