

**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 School \_\_\_\_\_ School District \_\_\_\_\_

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

Principal's 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? \_\_\_\_\_

**THE SCHOOL/SCHOOL DISTRICT OR NON-PUBLIC SCHOOL MUST SUBMIT A CURRENT MOTOR VEHICLE REPORT (MVR) FOR THE INSTRUCTOR(S) LISTED WITH THIS APPLICATION FOR APPROVAL. IF THE INSTRUCTOR(S) DO NOT HAVE DRIVER EDUCATION ENDORSEMENT ISSUED ON THE EDUCATOR'S LICENSE AND A VALID DRIVER'S LICENSE, THE INSTRUCTOR IS NOT QUALIFIED TO TEACH THE COURSE. NON-PUBLIC SCHOOLS MUST BE ACCREDITED BY THE COMMISSION ON SCHOOL ACCREDITATION, THE MIDSOUTH ASSOCIATION OF INDEPENDENT SCHOOLS, OR SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS.**

**Driver Education Instructor(s) Information**

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

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

Institution 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  No  Valid Driver's License? Yes  No

Institution 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  No  Valid Driver's License? Yes  No

Institution 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  No  Valid Driver's License? 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 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: \_\_\_\_\_

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](mailto:jtillman@mdek12.org). Application for the regular session is due by July 15 of each year. Application for the summer session is due by April 15 of each year. 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: \_\_\_\_\_