



**School Information**

<i>Name of High School or Non-Public School</i>		<i>School District</i>	
<i>School Address</i>	<i>City</i>	<i>County</i>	<i>ZIP</i>
<i>Principal's Name</i>	<i>Email Address</i>	<i>Phone Number</i>	

**VEHICLE(S) (Check box for YES)**

1.  Does the district own their driver education vehicle(s)?
2.  Will the district lease or borrow driver education vehicles loaned by an automobile dealer and have a vehicle use agreement?
3.  The vehicle(s) will be properly, licensed, insured, and used exclusively for driver education.
4.  The vehicle will be equipped with a dual control brake, two exterior mirrors, first aid kit, flare or reflectors, a fire extinguisher, and an accident report form.
5.  The vehicle will be properly identified with a minimum of two exterior signs.

**Driver Education Instructor(s) Information**

**The school/school district or non-public school accredited by the Commission of School Accreditation must submit a current copy of the motor vehicle report (MVR) from the Mississippi Department of Public Safety for the instructor(s) listed with this application for approval. If the Instructor(s) does/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. The driver education teacher must have approval as a driver education teacher prior to the beginning date of the program.**

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

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

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

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

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

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

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

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

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

## Course Information

**PLEASE SELECT ONE:**

- 30 hours classroom, 6 hours behind-the-wheel (minimum requirement)**
- 30 hours classroom, 12 hours approved district owned simulator, 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, \*12 hours of in-vehicle observation can count towards 30 hours classroom
- 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

Indicate the range of start and completion dates for each semester session conducted: (must be scheduled so each student receives a minimum 30 hours classroom and 6 hours BTW. Completion dates must fall within July 1 to June 30 school year. Summer programs with completion dates ending July or August should be entered on the application for the following school year).

- |   |                   |                        |
|---|-------------------|------------------------|
| <input type="checkbox"/> Fall semester:   | Start date: _____ | Completion Date: _____ |
| <input type="checkbox"/> Spring semester: | Start date: _____ | Completion Date: _____ |
| <input type="checkbox"/> Summer:          | Start date: _____ | Completion Date: _____ |

**Indicate when the following will be taught:**

- |                         |  |  |                                       |                                 |
|-------------------------|--|--|---------------------------------------|---------------------------------|
| Classroom:              | <input type="checkbox"/> Before school | <input type="checkbox"/> During school hours | <input type="checkbox"/> After school | <input type="checkbox"/> Summer |
| Behind-the-wheel (BTW): | <input type="checkbox"/> Before school | <input type="checkbox"/> During school hours | <input type="checkbox"/> After school | <input type="checkbox"/> Summer |
| Other:                  | <input type="checkbox"/> Before school | <input type="checkbox"/> During school hours | <input type="checkbox"/> After school | <input type="checkbox"/> Summer |

How many driver education students do you expect to enroll over this application period? \_\_\_\_\_

## CERTIFICATION

***I certify that the above answers are true and complete to the best of my knowledge. I understand that the driver education teacher(s) 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. I certify that the school district Driver Education Program will be established and maintained in accordance with the current standards outlined by the Mississippi Department of Education and that all students enrolled in the school district will have an equitable opportunity to enroll.***

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. An approved copy of this application must be on file and all requirements met to qualify for reimbursement.**

## MISSISSIPPI DEPARTMENT OF EDUCATION USE ONLY

- Approved  Conditional Approval  Not Approved

Signature, State Driver Education Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_