

REQUISITION FOR REIMBURSEMENT FOR DRIVER EDUCATION

Name of High School _____

School District _____

School Address _____

School Year _____

Did the school receive approval from the Mississippi Department of Education, Office of Safe and Orderly Schools, Division of Pupil Transportation prior to teaching driver education for the school year indicated? YES NO

The following number of students have completed the approved course selected below:

1. Thirty (30) hours classroom and six (6) hours BTW driving _____
2. Thirty (30) hours classroom, twelve (12) hours simulator training, and three (3) hours BTW driving . **School owned equipment** **State owned equipment** _____
3. Thirty (30) hours classroom, 6 hours range, and two (2) hours BTW driving _____
4. Sixty (60) hours classroom and six (6) hours BTW driving _____
5. Sixty (60) hours classroom, twelve (12) hours simulator training, and three (3) hours BTW driving **School owned equipment** **State owned equipment** _____
6. Total number of periods per day driver education is taught by all instructors _____
7. Have all instructors listed on the approved DE-1 application form met the requirements necessary for this school to be eligible for reimbursement? **YES** **NO**
8. Are fees collected for participation in the driver education program? **YES** **NO**
 - a. Amount for students \$ _____
 - b. Amount for adults \$ _____

The principal shall complete, sign, and send copies of forms **DE-3, DE-3A, and DE-4** to the Superintendent who will sign, file a copy, and email a copy of each form to the Mississippi Department of Education, Office of Safe and Orderly Schools, Division of Pupil Transportation within ten (10) days after the completion of the course. For example, if the school taught driver's education for the fall and spring semester (the entire school year), send the completed forms within ten (10) days after the last day of school year for both fall and spring semesters. If the school taught driver education for only one semester or summer session, send the forms within ten (10) days after the completion of the course at the end of the semester or summer session.

I/We certify that the above answers are true and complete to the best of my/our knowledge.

Principal's Printed Name _____

Principal's Signature _____

Date _____

Superintendent's Printed Name _____

Superintendent's Signature _____

Date _____

Email this form along with forms DE-3A and DE-4 to Darrell Latham, Program Specialist at dlatham@mdek12.org.