Request to Add Driver Education Instructors

Driver Education Coordinator: _____

School Address: _____

Email: _____ Phone Number: ( ) _____

Academic Year: _____ District Number: _____

(Important: All information in this top section required to be notified of approval.)

List below the names of instructors that you would like to add to your district's approved list of Driver Education instructors.

Instructor Last, First Name	Driver License Number	**SDE SECTION**—Do Not Complete				
		Date Physical Expires	**Clear Driving Record**	**Background Check**	**Professional Development**	**SDE APPROVED**

All information and representations contained in this application are accurate and true to the best of my knowledge and belief. It is understood that failure to comply with all laws and regulations shall result in no reimbursement to the local district.

Driver Education Coordinator Signature Submission Date

Approved by State Department of Education, Driver Education Coordinator Approval Date