Student List

Driver Education

All fields must be completed, and each page must be signed for this document to be processed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **District Name** |  | **Class Start Date** |  | **Class End Date** |  |
| **Classroom Instructor(s)** |  | | **In-Car Instructor(s)** |  | |

| # | Driver License Number | Pass | Fail | Date Completed | Student Name  (Last, First, Middle Initial) | Birth Date | Classroom Hours | BTW | OBS | Transferred In or Out |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |

This student list is true and correct to the best of my knowledge.

|  |  |
| --- | --- |
| Instructor Signature |  |

* Copy of final list to local driver licensing agency within 3 business days after the **students complete the course**.
* After a student fails, return permit(s) to Idaho Transportation Department Attn: Driver’s License Unit PO Box 7129 Boise, ID 83707-7129 within 3 business days.
* Copy of final list to Idaho Department of Education **with *Claim for Reimbursement***.

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