



900 S.W. Jackson Street, Suite 102
 Topeka, Kansas 66612-1212
 (785) 296-3201
 www.ksde.org

DRIVER EDUCATION INSTRUCTOR APPROVAL FORM

Name of School: _____ USD # _____

Address: _____ Zip: _____

Person responsible for information submitted for reimbursement: _____

Phone Number: _____ Automobile Program _____ (Check if automobile program)

Motorcycle Program _____ (Check if Motorcycle program)

Driver Education courses/selections: (Check all that apply):

Yearly: _____ Summer **ONLY**: _____

School Year **ONLY**: _____

Name of Instructor(s)	Instructor's Educator ID Number (auto program) or Full SSN	Certification expiration date or MSF Identification Number:	Email address

(Please indicate if any of the instructors are or will be teaching on a substitute certification. List additional instructors on back side if needed)

This is to affirm that the driver education program of the above named USD or accredited nonpublic school meets the requirements of K.A.R. 91-5-1 through 91-5-14, including proper, current certification of each driver education instructor.

 Superintendent or Principal Date

Please fax, mail, or email completed form to:

Robyn Meinholdt
 Driver Education
rmeinholdt@ksde.org

Kansas State Department of Education
 900 SW JACKSON STREET, SUITE 106
 TOPEKA, KS 66612
 Phone (785) 296-3379
 Fax (785) 296-7933
www.ksde.org

Name of Instructor(s)	Instructor's Educator ID Number (auto program) or Full SSN	Certification expiration Date or MSF Identification Number:	Email address

Rev. 11/12/19

An Equal Employment/Educational Opportunity Agency

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies:
 KSDE General Counsel, 900 SW Jackson St., Topeka, KS 66612; 785-296-3204.