



KANSAS STATE DEPARTMENT OF EDUCATION
DRIVER TRAINING SCHOOL REPORT - 20

School Phone
Address of School
Name of Person Completing Report School License No.

STUDENTS

Number of students who completed at least eight hours of classroom instruction and at least six hours of behind-the-wheel instruction from January 1, 20 to December 31, 20.

Number of students who enrolled during the calendar year and dropped the program.

Number of students who enrolled during the previous year but did not complete their training until this calendar year.

On Form 0-03-02-104, list all students who were enrolled between January 1, 20 and December 31, 20.

INSTRUCTORS

Have all instructors met requirements necessary to give instruction in the operation of motor vehicles as required by the Kansas State Department of Education?

List the name, social security number and license number of each instructor.

Table with 3 columns: Name, Social Security Number, Instructor License Number. Multiple rows for data entry.

AFFIDAVIT

I hereby certify that the statements and representations made by me in the foregoing statement are true and correct.

School Owner or Director Official Position

SUBSCRIBED AND SWORN BEFORE ME this day of , 20.

Notary Public My commission expires: