



KANSAS STATE DEPARTMENT OF EDUCATION
Topeka, Kansas

MOTORCYCLE/DRIVER TRAINING SCHOOL REPORT

YEAR _____

***Please return this completed form to rmeinholdt@ksde.org Driver Education, LSOB, 900 SW Jackson St, Suite 106, Topeka, KS 66612 by January 31st**

School _____ Phone _____

Email address _____

Address of School _____

Name of Person Completing Report _____ School License # (Year Reported) _____

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__. No. of Students _____

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? _____
Yes or No

NUMBER OF VEHICLES-If Applicable (Year Reporting)
LIST Make, Model & Year on Reverse side ⇨

List the name, social security number and driver training school license number of each instructor (Year Reporting):

Name	Social Security No	KSDE Instructor License # (Yr Reporting)

AFFIDAVIT

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

School Owner or Director Office Position

SUBSCRIBED AND SWORN BEFORE ME this _____ day of _____, 20__.

Notary Public My commission expires: _____

LIST OF VEHICLES

MAKE

MODEL

YEAR
