MOTORCYCLE PROGRAM APPROVAL
Available On-line https://forms.gle/5vQT8pwayo5VSVaV7

DATE _____________________  USD # _____________________

Email address: ___________________________________________________________________________________________________________

_____ Motorcycle Rider Course  
_____ BRC  
_____ Motorcycle Instructor Course (Rider Education Recognition Program)

Instructors _______________________________________________  Estimated # of students ______________________________

Name and Instructor Number - {Additional names on back side}

MOTORCYCLES
1. Number of motorcycles ________________________________
2. Provided by ____________________________________________
3. Sizes (cc)______________ (list vehicles on Agreement Form and attach copy)
4. Are cycles leased? ________ If yes, how much per unit? ________________

Cycles are leased from or owned by ________________________________

INSURANCE
1. Company insuring program______________________________  
   COVERAGE  
   2. Amount of Comprehensive ________________  Amount of Collision ________________
   3. Amount of Liability ________________  Amount of Major Medical ________________
   4. Amount of Uninsured Motorist ________________  Amount of Dental ________________

COURSE CONTENT
Number of hours_________________________  Classroom_________  Range__________  On-Street_________
Textbook______________________________
Other Resources __________________________
Pre-street driving test(s)_________________
Completion standard for advancement to on-street __________

Give a brief description of course content (include on-street instructional sequence)

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Attach a copy of your course outline. This should include:
1. Policy statement
2. Class sequence
3. List of Performance Competencies (with mastery % level indicated)
4. Program objectives (which include course outcomes, content, activities/units, and assessment)
5. Student assessment/daily log sheet sample

Signed______________________________________________________  
Instructor ______________________________________  School Principal or Headmaster __________________________

KSDE Office Use ONLY:  Approved ______  Date _______
Name and Instructor Number - {Additional names}