Name of School System ____________________________________________
Name of High School _____________________________________________

Telephone Number of High School ____________________________
School E-mail Address of Instructor ______________________________

1. Name of instructor ________________________________________________
   Cell number (________) ____________________________________________

2. Does the Driver Education instructor have a G-3 (DE) endorsement? ________________

3. Did the Driver Education instructor complete the ALSDE summer preliminary certification courses? __________
   If yes, in what year was the instructor trained? ____________________________

4. Has the Driver Education instructor completed 3rd Party Training to road test their students? ______
   If yes, in what year was the instructor certified? ____________________________

5. How many classes per day will this instructor teach Driver Education? ________________

6. Type of schedule used: (    ) Block (    ) Period (    ) Other – Explain: __________________________

7. What is the total number of Driver Education classes offered at this school? ________________

8. How many students are registered for Driver Education this school year? ________________

9. Do students pay a fee to take Driver Education? ________ If yes, amount of fee ________________

10. List the year and make of vehicle(s) used in Driver Education ____________________________

11. Does the school own or lease the vehicle(s)? __________ If leased, amount per year __________
    Model _______________ Year ___________ Mileage ________________

12. What is the name and copyright date of the textbook currently being used in the Driver Education class at this school? ____________________________________________
    How many copies of this textbook does this school currently have? ________________
    Boater Manuals ________________ Driver Manuals ________________

I hereby certify that all minimum standards, including Boating Safety, 30 hours of classroom instruction and performance-based driving, as set forth by the Alabama Course of Study of the Alabama State Department of Education for high school Driver Education will be met and that the automobile(s) furnished by the local dealer or ALSDE will be used only for Driver Education.

Date ____________________________ Signature of Superintendent

RETURN TO: Mr. Jeremy Seamon – ALSDE Driver Education
5308 Gordon Persons Building
P.O. Box 302101
Montgomery, AL 36130-2101
FAX – 334-694-4975

* This application must be completed by each instructor in each school.