PUBLIC SCHOOL ONLINE DRIVER EDUCATION STUDENT LIST

**Please Note: All fields must be completed and each page signed to be processed.**

**Revised 5/16/2019**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District Name:** **Number: \_\_\_\_\_\_\_\_\_\_** | | | | | | **Class Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Class End Date: \_\_\_**\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | |
| **Instructor(s) Classroom:** | | | | | | **Instructor(s) Behind-the-Wheel:** | | | | | | | |
|  | | | | | | | |
|  | Driver License (DL) number  **(Use 9 digit number)** | **PAS**  **S** | **FAIL** | **Date Completed**  **OR**  **Failed**  **Classroom & BTW** | STUDENT NAMELast, First, MI | | Birth Date | **SEX** | **AGE** | **COMPLETED HOURS** | | | **Transferred**  **IN or OUT** |
| **CLASS ROOM** | **BTW** | **OBS** |
| **1** |  |  |  |  |  | |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  | |  |  |  |  |  |  |  |
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| **8** |  |  |  |  |  | |  |  |  |  |  |  |  |
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| **12** |  |  |  |  |  | |  |  |  |  |  |  |  |
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| **14** |  |  |  |  |  | |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  | |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  | |  |  |  |  |  |  |  |

This student list is true and correct to the best of my knowledge and belief. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Instructor Signature*

🡺 Copy of final list to local driver licensing agency within 3 business days after the **students complete the course**.

🡺 Return permit(s) to driver licensing within 3 business days **after a student fails.**

🡺 Copy of final list to SDE **with *Claim for Reimbursement*.**

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| **17** |  |  |  |  |  | |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  | |  |  |  |  |  |  |  |
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| **32** |  |  |  |  |  | |  |  |  |  |  |  |  |

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*Instructor Signature*

🡺 Copy of final list to local driver licensing agency within 3 business days after the **students complete the course**.

🡺 After a student fails, return permit(s) to Idaho Transportation Department Attn: Driver’s License Unit PO Box 7129 Boise, ID 83707-7129 within 3 business days.

🡺 Copy of final list to SDE **with *Claim for Reimbursement*.**

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