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** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
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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** |  |  |  |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |  |  |  |  |
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🡺 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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