

Career, Standards and Assessment Services

785-296-8107 785-291-3791 (fax)

900 SW Jackson St., Topeka, KS 66612-1182 · (785) 296-6338 (TTY) · www.ksde.org

DRIVER EDUCATION INSTRUCTOR APPROVAL FORM

Name of School:		USD	USD #	
Address:			Zip:	
Person responsible for information	submitted for reimbursemen	nt:		
(phone number)			Zip:	
Automobile Program	(check if auto	mobile program)		
Motorcycle Program	(check if mot	torcycle program)		
Driver education course offerings:	(Check all that apply):			
Yearly: Sumn	ner Only:	School Year Onl	y:	
Name of Instructor(s)	Instructor's Educator ID number (auto program)	expiration date: or MSF Identification	Email Address	
(Please indicate if any of the instru	uctors are or will be teaching	on a substitute certifica	tion).	
Superintendent or Principal			Date	
Please fax or mail completed form to:	Joan Peterson – Driver/Motor Career Standards and Assess	sments		

An Equal Employment/Educational Opportunity Agency

Landon State Office Building 900 S.W. Jackson Street Topeka, KS 66612 (785) 296-8107