DRIVER EDUCATION APPLICATION FOR PRIOR YEAR REIMBURSEMENT

The *Application for Prior Year Reimbursement* is due by **October 15.. (The mailing envelope MUST BE POSTMARKED by the United States Postal Service [USPS] before/on October 15).** Please submit the completed **ORIGINAL APPLICATION WITH ROSTERS AND DRIVING SCHEDULES** to: Oklahoma State Department of Education (SDE), State Aid Section, 2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599. Retain a file copy. Applications not received or postmarked by the October 15 deadline are subject to nonpayment.

County No. _____ **County Name** _____ **Reimbursement is for School Year:** ___-___

District No. _____ **District Name** _____

This form completed by: _____ Title: _____ Phone: ( ) _____

Driver Education (DE) courses eligible for reimbursement must:

(a) Have an ending date on/between **July 1 – June 30**

(b) Have an *Instructor Certification, Assurances, and Permit* (ICAP) form, approved prior to the course, on file with the State Aid Section of the SDE for each course taught by a certified instructor.

INSTRUCTIONS

(1) Enter the beginning and ending date **(month-date-year)** of each driver education course within the appropriate semester.

(2) Enter only the number of students who **passed** a driver education course (30 hours of classroom instruction and 6 hours behind-the-wheel instruction) as verified by documented final student grades. Include all sites for your district in each semester total. You may not count the same student more than once. If a student is counted in the category of "before school" total, he/she **cannot** be counted in the "after school" total.

(3) Multiply the number of students (in each semester/session) by the state reimbursement amount on lines 1 through 8.

Summer Session I Beginning date _____ Ending date _____

Number of students who passed: _____ multiply (x) **$82.50** (amount per student) . . . . . 1. $ _____

Semester I (Fall) Beginning date _____ Ending date _____

Beginning date _____ Ending date _____

For all courses **during** the regular school day, enter the total:

Number of students who passed: _____ multiply (x) **$82.50** (amount per student) . . . . . 2. $ _____

For all courses **before** the regular school day, enter the total:

Number of students who passed: _____ multiply (x) **$95.00** (amount per student) . . . . . 3. $ _____

For all courses **after** the regular school day, enter the total:

Number of students who passed: _____ multiply (x) **$95.00** (amount per student) . . . . . 4. $ _____

Semester II (Spring) Beginning date _____ Ending date _____

Beginning date _____ Ending date _____

For all courses **during** the regular school day, enter the total:

Number of students who passed: _____ multiply (x) **$82.50** (amount per student) . . . . . 5. $ _____

For all courses **before** the regular school day, enter the total:

Number of students who passed: _____ multiply (x) **$95.00** (amount per student) . . . . . 6. $ _____

For all courses **after** the regular school day, enter the total:

Number of students who passed: _____ multiply (x) **$95.00** (amount per student) . . . . . 7. $ _____

Summer Session II Beginning date _____ Ending date _____

Number of students who passed: _____ multiply (x) **$82.50** (amount per student) . . . . . 8. $ _____

Add all totals in the right column, lines 1 through 8. The estimated total district reimbursement is . . . . . 9. $ _____

I hereby certify the information in this document is complete and accurate. Student count and course grades have been verified by the instructor(s) to the superintendent and/or principal. All courses were completed between July 1 and June 30.

Superintendent's Signature: _____ Date: _____

I hereby certify the information in this document is complete, accurate, and reconcilable with all school records. This school district is in compliance with all Oklahoma rules, regulations, and statutes regarding the scope of Driver Education.

NOTE: Staff of the State Department of Education is responsible for obtaining the signature below.

Regional Accreditation Officer's Signature: _____ Date: _____