Pupil Transportation
Wyoming Department of Education
122 W. 25th St., Suite E200
Cheyenne, WY 82002
(307) 777-6984

Revised 06/06
Due Date: as needed

Driver Education Program Approval Application

Type of school:

☐ Public high school   ☐ Private high school
☐ Community college   ☐ Community Education
☐ Board of Cooperative Education Services   ☐ Private driving school

School Name_____ District Name _____

Address_____ City_____ State _____ Zip_____

Teacher/Instructor name(s):_____

Qualifications:

☐ Driver Education Endorsement   ☐ Driver Education Permit   ☐ No Permit per w.s. 21-7-303(c)

Classroom Phase

Curriculum: Name of book to be used_____,

Name of computer program (if used) _____.

_____Number of clock hours (Minimum 30)
Attach a syllabus/outline to show fulfillment of Chapter 39, Section 5 *Classroom Phase*

Laboratory Instruction

Phases used:

☐ On-Street   ☐ Driver simulation
☐ On-Street/driver simulation   ☐ Multiple-car driving range
☐ On-Street/multiple-car range   ☐ On-street/driver simulation/multiple-car range

Number of clock hours on-street _____ (Minimum 6 unless simulation and/or range used)
Number of clock hours of driver simulation _____
Number of clock hours on multiple-car driving range _____

Attach a syllabus/outline to show fulfillment of Chapter 39, Section 6 *Laboratory Instruction*

I certify that the driver education program as explained on this application is in compliance with Wyoming Department of Education Chapter 39 *Rules for Driver's Education Program Approval*. I further agree that any changes to this program, or its teachers or instructors, will be promptly reported to the Wyoming Department of Education.

Name and title:_____

Signature _____ Date: _____

High school principal _____

Signature _____ Date: _____