Attachment B to Supts Memo 031

VIRGINIA DEPARTMENT OF EDUCATION
2000-2001 APPLICATION FOR SCHOOL PROGRAM APPROVAL FOR DRIVER EDUCATION

Division Name: _____ **School Name:** _____

_____ _____
Headmaster/Principal's Signature **Division Contact Person**

Contact Person(s) available during summer_____

Phone ( ) _____ **Fax ( )** _____ **School Code** _____

***List paraprofessionals and driver education in-service training information**:

Name:	**Social Security #**	**Date of Training:**	**Location of Training**

(Attach additional paraprofessional status information to this form)

CERTIFIED-ENDORSED STAFF *Indicate new staff members by placing an asterisk by their name.
***Please list driver education staff development information (location/date).**

Last First Middle	**Social Security #**	**Training Location/Date**

(Attach additional certified staff information to this form)

This form should be received no later than June 30, 2000. Please send to: Vanessa C. Wigand, Specialist, Health, Physical Education, and Driver Education, Virginia Department of Education, 23rd Floor, Box 2120, Richmond, Virginia, 23218-2120, or fax to (804) 692-3163. Please call (804) 225-3300 if you need additional information. Thank you.