

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF EDUCATION
P.O. BOX 2120
RICHMOND, VIRGINIA 23218-2120

AFFIDAVIT FOR APPROVAL TO PROVIDE DRIVER EDUCATION PROGRAMS FOR
PARENTS APPROVED TO HOME SCHOOL

(Please Print or Type)

School Name _____

School Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax No. _____

Web Site Address _____

Chief Operating Officer _____

GENERAL INFORMATION (Check the appropriate boxes)

1. The school identified above is ___ is not ___ accredited by a regional or national accrediting body recognized by the U. S. Department of Education. If accredited, provide name of accrediting organization.

2. The school has ___ has not ___ changed ownership or control, program or course offering, evaluative methods, or other aspects of its operation during the past twelve months or since the last approval.

CERTIFICATION

I certify that the information contained in this affidavit and its attachments is true and correct to the best of my knowledge and that the school conforms to the provisions of Regulations Governing the Approval of Correspondence Courses for Home Instruction adopted by the Virginia Board of Education. If changes occur in the operation or ownership of the school, I further certify that I will notify the Virginia Department of Education prior to or immediately following such changes.

I understand that providing false or misleading information or failing to notify the Department of changes as they occur may result in the removal of the school from the list of approved courses.

Signature of Authorized Official

Date

Printed Name

Title (please print or type)

NOTARY STATEMENT

Sworn to and subscribed before me this _____ day of _____, 200__

My _____ commission
expires _____

Notary Public

This form with appropriate attachments must be returned to:

Janet Ragland
Virginia Department of Education
P. O. Box 2120
Richmond, VA 23218

