

**DRIVER EDUCATION STUDENT ROSTER**  
**SCHOOL YEAR 20\_\_ - 20\_\_**  
 Access this form on our Web site: <<http://ok.gov/sde>>

NAME OF SCHOOL: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SESSION BEGINNING DATE: \_\_\_\_\_ SESSION ENDING DATE: \_\_\_\_\_

<b>Any student receiving driver education instruction shall be fifteen (15) years old and a secondary school student to operate a vehicle as part of instruction.</b>	TOTAL NUMBER OF STUDENTS ENROLLED: _____
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**REQUIRED:**

**A completed student roster signed by the instructor must be kept in the driver education vehicle at all times.** When the course is completed, the student's final grades are to be recorded and a copy of the student roster(s) is to be attached to your district's original *Driver Education Application for Prior Year Reimbursement* form. Note: The District must maintain a copy of all driver education forms for their Regional Accreditation Officer (RAO) to verify at each school site.

*All students must meet the required thirty (30) hours of classroom and six (6) hours of behind-the-wheel instruction to complete the course.*

Student's Name (Alphabetical by last name) Must be EXACTLY as on birth certificate	Student's Date of Birth	Student's Grade Level	Enrollment Card ID No.	Student's Final Grade
1.				
2.				
3.				
4.				
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24.				
25.				

Signature of Instructor: \_\_\_\_\_  
 Duplicate blank copies as needed.

Driver Education Permit # \_\_\_\_\_