

<p><b>Submit NYSED original application, postmarked by June 1, 2009 to:</b>  New York State Education Department  Career and Technical Education  Driver and Traffic Safety Education, Room 315 EB  Summer School  Albany, NY 12234</p>	<p>Applications must include:</p> <input type="checkbox"/> Copy of DTSE teacher(s) driver license <input type="checkbox"/> Copy of DTSE teacher(s) current MV-283 <input type="checkbox"/> Copy of contract with Commercial Driving School (if applicable) <input type="checkbox"/> Copy of MV-524 for Commercial Driving School Instructor(s)
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**APPLICATION FOR APPROVAL OF SUMMER SECONDARY SCHOOL DRIVER AND TRAFFIC SAFETY EDUCATION 2009**

Please refer to the NYSED Administrative Handbook for Summer School Programs before completing this application. All applications must be **postmarked on or before June 1, 2009**. Applications postmarked after this date **will not be processed. They will be returned to sender.**

1. CHECK ONE:

NYS Public School District  
 Nonpublic School  
 BOCES\* (One application for each site must be submitted)  
 College

2. Name of School Building Administrator:

3. Name of School Operating DTSE Program:\*\*

Address:

City, State, Zip Code

Phone (include area code)

4. List the names of each DTSE Instructor for summer school programs (attach additional sheets if necessary). Please submit copies of each DTSE Instructor's NYS driver license and current MV-283. Out-of-state licenses must have Driver history (abstract) from DMV of that state.

Name	Name

5. Fees and Charges:

	Resident Pupils	Non-Resident Pupils
Fees and charges for public schools:	\$	\$
Fees and charges for non-public schools:	\$	\$

6. Any school whose driver education program begins prior to July 1<sup>st</sup> will not receive state aid prior to July 1<sup>st</sup>.

(a) Enter dates of first and last day of instruction:		to	
	Month/Day		Month/Day
(b) Enter the total number of days of instruction which will be provided exclusive of registration and final exams:***			
(c) Enter the total number of days per week instruction will be provided:****			
(d) Enter the BEGINNING time of the first period of daily instruction (classroom or car):			
(e) Enter the ENDING time of the last period of daily instruction (classroom or car):			

<p>* BOCES operated summer schools must have an approved COSER on file with the State Education Department.</p> <p>** Program must begin and end at this site</p> <p>*** The summer school course must be in session for a minimum of thirty (30) days, exclusive of registration and final examinations.</p> <p>**** Instruction may be provided on Saturday OR Sunday but not both.</p>	<b>SED Official Use Only</b>								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Driver &amp; Traffic Safety Education</td> <td style="width:50%; text-align: center;">CSS</td> </tr> <tr> <td><input type="checkbox"/> Approved</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> Not Approved</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Date: _____</td> <td>Date: _____</td> </tr> </table>	Driver & Traffic Safety Education	CSS	<input type="checkbox"/> Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No	Date: _____	Date: _____
Driver & Traffic Safety Education	CSS								
<input type="checkbox"/> Approved	<input type="checkbox"/> Yes								
<input type="checkbox"/> Not Approved	<input type="checkbox"/> No								
Date: _____	Date: _____								

7. Type of Driver Education Instruction	Total Number of Periods Per Pupil	X	Number of Minutes of Instruction Per Period	=	Total Instructional Hours Per Pupil
Classroom		X		=	
Behind the Wheel – minimum of 6 hours per student		X		=	
In-Car Observation		X		=	
Simulation		X		=	
Multiple Vehicle Facility		X		=	
<b>TOTAL HOURS:</b>					

8. If car instruction is being provided through a contract with a commercial driving school, enter the name of the school below. Include a current copy of the contract signed by both parties.			
Name of Commercial Driving School:			
Driving School Insurance Name:			
Driving School Certificate Number:		Expiration Date:	

**DECLARATION:**

I certify that all information on this application is correct and the summer school will conform to the guidelines contained in the State Education Department Administrative Handbook on Summer Secondary Programs and Driver Safety Education. Also, that this course will be taught by a State approved driver education teacher employed by the district, BOCES, or nonpublic school, and if contracting with a commercial driving school for the in-car portion of the course, an instructor who has completed the required Department of Motor Vehicle methodologies course. Also, all programs will begin and end at the site operating the DTSE program. Also, that for public school or BOCES, all new instructors (classroom and in-car) have been cleared for employment with OSPRA.

In addition, fire drills will be conducted pursuant to Education law Section 807, which requires at least two fire drills in schools operating summer secondary school programs, one of which must be held during the first week of summer session.

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Superintendent's Signature  
(BLUE INK PLEASE)

Print Name

Date

## **SUMMER SCHOOL DRIVER EDUCATION CHECKLIST**

***Please be certain to address ALL of the following steps:***

**Application for Summer Driver Education Program must be postmarked on or before June 1, 2009**

- Complete and submit the Application for Approval of Summer Secondary School Driver and Traffic Safety Education 2009 form.**
- Driver Education instructors are listed and a clear copy of their current driver's license and MV-283 card is included with the application.
- Please check dates on your application and be sure your program runs during the months of July and August.
- If you are contracting with a Commercial Driving School, a copy of that contract **must be** included with the application. The contract must reflect the summer school session.
- Please be sure that the application is signed (in blue ink) and dated, in the space provided, by the Chief School Officer.
- Two copies of course completion rosters must be submitted to Department of Motor Vehicles (Binghamton Office) after course completion:
  - NYS Department of Motor Vehicles
  - Binghamton Regional Office
  - NYS-DMV Testing and Investigation Unit
  - 44 Hawley Street
  - Binghamton, NY 13901

***PLEASE BE SURE WHEN SUBMITTING YOUR REQUEST TO THE BINGHAMTON REGIONAL DMV OFFICE FOR MV-285 COMPLETION CERTIFICATES IN TRAFFIC SAFETY EDUCATION (SE-001) THAT THE SCHOOL NAME (#3) APPEARS EXACTLY AS IT APPEARS ON YOUR ORIGINAL APPLICATION.***

***ONLY STUDENTS SIXTEEN (16) YEARS OF AGE ON OR BEFORE THE FIRST DAY OF INSTRUCTION ARE ELIGIBLE FOR ENROLLMENT IN THE SUMMER DRIVER EDUCATION COURSE.***

### **Instructional Information:**

- Programs must provide 90 minutes of instruction daily and not exceed the 48 total hours of combined instruction (24 Classroom, 6 Behind the Wheel, 18 Observation).
- Programs that utilize simulations must provide the minimum of 5 hours of simulators. Programs that exceed the 48-hour basic requirement must explain why they are exceeding the requirement.
- The hours of instruction for State Aided schools must reflect the hours summer schools are in session. All instruction must originate and end at the school identified in application.