

NAMES OF ALL TEACHERS
INSTRUCTING THIS COURSE
(classroom and driving):

DISTRICT/SCHOOL

PERSON COMPLETING FORM

Daytime Phone: _____

Email: _____

TE04 STUDENT LIST

FOR TRAFFIC EDUCATION PROGRAMS

FOR THE PERIOD JULY 1, _____ TO JUNE 30, _____

INSTRUCTIONS:

- When TEP and/or Learner License issued, send TE04 and TE03 *Notice of Participation* to local Driver License Examiner or County Treasurer.
- When class completes, send TE04 and TE03 *Notice of Completion* to local Driver License Examiner or County Treasurer.
- When class completes, send TE04 and TE03 Reimbursement Request to OPI, Traffic Education office. **Retain a copy for your records.**
- PLEASE CONSIDER SUBMITTING THESE FORMS VIA TRAFFIC ED DATA & REPORTING SYSTEM TO SAVE TIME AND SIMPLIFY FORMS PROCESSING.

SECTION A		GDL			SECTION B	SECTION C					
Names of Participating Students (List Alphabetically, Last Name First) TYPE ONLY, PLEASE		Birth Date (Mo/Day/Yr)	Date Course Started (Mo/Day/Yr)	Date TEP Issued (Mo/Day/Yr)	Date Learner License Issued (Mo/Day/Yr)	Date Course Completed (Mo/Day/Yr)	CHECK IF STUDENTS PASSED OR FAILED, IF TESTS ARE WAIVED, OR IF STUDENT DID NOT COMPLETE 50% OF CLASSROOM AND 50% OF BTW INSTRUCTION				
							Successful		Less than	Waive Tests	
							Yes	No	50%	Know-ledge	Driving
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2											
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