

## **APPLICATION FOR VIRGINIA HOMESCHOOLING PARENTS**

| PARENT/GUARDIAN NAME:  DRIVERS LICENSE:  |  |
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|  |  |
| STUDENT NAME:  | _  |
| STUDENT DATE OF BIRTH:   | STUDENT PHONE#:  |
| DRIVERSED.COM USERNAME:  |  |
| Note: Phone numbers are required in case we need to verify   | r information.   |
| Dear Parent or Legal Guardian,<br>In Virginia, homeschooling parents can teach the classroom<br>drivers education, you must comply with Virginia rules regar | -  |
| To participate in this program, you must meet the following  | requirements:  |
| , , , , ,  | sroom drivers education instruction to your child, you must eet the requirements for home instruction (under § 22.1-254.1).              |
|  | ion superintendent (not from your child's high school) stating letter acknowledging the student's current homeschool status.             |
| Important: The letter must be on school division lette   | rhead and be dated for the current school year.  |
| For your school division's contact information, go to  | o: http://www.doe.virginia.gov/directories/index.shtml   |
| 2. Secondly, check the following boxes to certify that yo  | u:   |
| or a substantially similar law in another state in   | oluntary manslaughter in violation of the Code of Virginia or  |
| PARENT/GUARDIAN SIGNATURE:   |  |
|  | (the parent/guardian) validate that you have reviewed all must understand that failing any of these requirements will seducation course. |

Scan and email or mail or fax all documents to:

Mail: DriversEd.com Attn: Virginia Homestudy Course 4201 FM 1960 West, Ste. 100, Houston,

TX-77068

Email: vahomeschool@DriversEd.com

Fax: (888) 240-0301