

## Driver Education – Teacher Aide Application

Submit the signed and notarized application to: Pennsylvania Department of Education, School Safety Education Office, 333 Market Street, 3rd Floor, Harrisburg, PA 17126-0333.

**Place a Check by Each Item That You Are Submitting with this Application.**

\_\_\_\_\_ A recent photograph of the applicant.

\_\_\_\_\_ Applicant's original Three-Year Driving Abstract from the Pennsylvania Department of Transportation or from the Department of Motor Vehicles in the state where the applicant is licensed. **Note:** Applicant must have a motor vehicle operator's record free of violation of the *The Vehicle Code* and other traffic laws and free of accidents, per Section 1519 of the Pennsylvania Public School Code.

\_\_\_\_\_ An official university or college transcript.

**School Information. Please type or print in ink.**

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_  
(Street) (City) (ZIP Code)

County \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

**Applicant Information. Please type or print in ink.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone # \_\_\_\_\_ - \_\_\_\_\_ Day Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code) (Area Code)

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you a U.S. Citizen? YES NO

**DEPARTMENT USE ONLY**

Date Scheduled for the Written Test: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Date Written Test Was Passed: \_\_\_\_\_ Date Letter of Eligibility Was Issued: \_\_\_\_\_  
Date Driving Test Was Passed: \_\_\_\_\_ Date Provisional Letter of Eligibility Issued: \_\_\_\_\_

**Health Certificate for Driver Education Teacher Aide Applicant. Please type or print in ink.**

I certify that I am a physician legally qualified to practice medicine in the commonwealth of Pennsylvania. I have examined the applicant and find said applicant neither mentally nor physically disqualified by reason of tuberculosis, or any other chronic or acute defect from performing the duties of a driver education teacher.

**Examining Physician's Information:**

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Phone # \_\_\_\_\_ - \_\_\_\_\_ License Number \_\_\_\_\_  
(Area Code)

Examining Physician's Name \_\_\_\_\_ (Print)

\_\_\_\_\_ (Signature)

**Education for Teacher Aide Applicant. Please type or print in ink.**

Did you graduate from high school? YES NO

Name of High School \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

How many university credits did you earn in driver and safety education? \_\_\_\_\_

Name of University \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

**Affidavit**

I certify that the foregoing statements are true and correct to the best of my knowledge and belief, and I certify that I am of good moral character.

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary

**Certification by Superintendent or Chief Administrative Officer**

I certify that the above named school is interested in hiring the applicant as a driver education teacher aide and request that the applicant be approved. I certify that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Superintendent or Chief Administrative Officer

\_\_\_\_\_  
Date