

Kansas Department of Revenue
 Driver's Education
 300 SW 29th Street
 Topeka KS 66611



Phone: 785-296-4554
 Fax: 877-401-6182
 www.ksrevenue.gov

Mark A. Burghart, Secretary

Laura Kelly, Governor

Driver Training School Report – 20 _____
 (Due Annually by January 31st)

School _____ Phone No. _____

School Address _____

Name of Person Completing Report _____ School License No. _____

Required Student Audit Information – End of Year Report	Total
Number of students who completed 8 hours of classroom instruction from January 1, 20__ to December 31, 20__	
Number of students who completed at least 6 hours of behind-the-wheel/behind-the-bar instruction from January 1, 20__ to December 31, 20__	
Number of students who enrolled during the calendar year and dropped the program.	
Number of students who enrolled in the previous year but did not complete the program until the current calendar year.	
Total number of students on the list submitted to KDOR.	

Required Instructor Audit Information – End of Year Report	
Have all instructors met requirements necessary to give instruction in the operation of motor vehicles as required by the Kansas Department of Revenue? *See K.A.R. 91-7-8	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Submit DE 16 – Students Enrolled in Driver's Education form with this report.
- Attach proof of business sign is displayed denoting the school's location.
- Attach proof of training vehicle has "Student Driver" signs visible from the rear.
 (Not applicable for motorcycle schools)
- List name of each instructor, driver license number and instructor license number on back of this form.

I hereby certify that the statements and representation made by me in the foregoing statement are accurate.

School Owner/Director

Official Position/Title

Printed Name of School Owner/Director _

