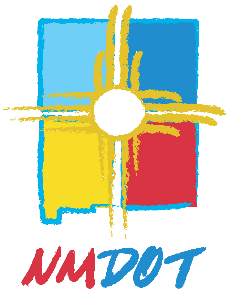
**TRAFFIC SAFETY DIVISION APPLICATION FOR**

**PERMISSION TO ENROLL IN**

**DRIVER EDUCATION**

**CORRESPONDENCE SCHOOL**

The Traffic Safety Division believes that personal instruction is of great benefit to students but recognizes that there are some situations that make it extremely difficult for a student to attend a local driver education course. TSD may, in its discretion, grant permission for a student to enroll in a correspondence course **only** if the student legally meets one of the two conditions set forth below (18.20.3.8 NMAC).

\*\*\*Please note that applicants must provide all information requested.

**Incomplete applications cannot not be processed.\*\*\***

**INSTRUCTIONS**

* Print out the application and complete by legibly printing in black or blue ink.
* Please note that the application and all required *supporting documents* must have **HAND WRITTEN SIGNATURES** as this office is not empowered to accept typed signatures.
* Acquire & provide all **required *supporting documents*** requested for **Condition 1 OR Condition 2** in PDF format.
* Make a copy of the completed application and required documents for your records.
* **Email documents as a PDF to** [**tscdriverprograms@unm.edu**](mailto:tscdriverprograms@unm.edu) **or mail documents to:**

**Attn: Driver Service Programs**

**UNM-Transportation Safety Center**

**MSC07 4030**

**1 University of New Mexico**

**Albuquerque, NM 87131-0001**

If you have any questions concerning this application or any of the forms, please contact our Correspondence School Driver’s Education Coordinator - Denise Garcia - by telephone at 505-328-8768 or email at [TSCdriverprograms@unm.edu](mailto:TSCdriverprograms@unm.edu).

**Please allow (30) business days for processing upon receipt of a completed application. Transportation Safety Center will contact you via email with your next steps.**

**WE WILL NOT CONSIDER ILLEGIBLE, INCOMPLETE, OR UNSUBSTANTIATED APPLICATIONS**

**Request for Driver Education Correspondence School**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Student** | |  | | | | | |
| **Student Date of Birth** | | | |  | | | |
| **Students must turn fifteen (15) prior to completing this course** | | | | | | | |
| **Mailing Address** | | |  | | | | |
| **City** |  | | | | **State** NM | | **Zip Code** |
| **Parent/Guardian Telephone number** | | | | | |  | |
| **Parent/Guardian Email address** | | | | | |  | |
| **Parent/Guardian Name** | | | | | |  | |
| **CORRESPONDENCE SCHOOL you wish to use** | | | | | | **Cordura Correspondence Driving Course** | |

**A list of licensed schools is online:** [**transportation.unm.edu/youth**](https://transportation.unm.edu/youth/)

**Condition 1. The student named above is home-schooled in ALL subjects.**

In order for a student to be approved under this condition you must provide verification that you have notified the **New Mexico Public Education Department (NMPED)** your intent to home school this student for the current school year in all subjects.

**IF THE STUDENT IS NOT HOMESCHOOLED YOU MAY APPLY UNDER CONDITION 2**

**Condition 2. Circumstances that make it necessary for the student to enroll in a Driver Education Correspondence School:**

|  |  |
| --- | --- |
| Name of School student currently attends: |  |
| Address of School  City, State, Zip Code |  |
| Telephone Number of School |  |
| Name of Principal or Counselor |  |
| Telephone Number of this Person |  |
| Type of School | **Public\***  **Private**  **Charter** |

|  |  |  |
| --- | --- | --- |
| **For Condition 2:** Answer ALL questions by checking YES or NO & supply requested supporting documentation. | YES | NO |
| **SCHOOL STATUS:** Does the school the student attends provide driver education? ***If no, attach a letter*** from the school on official school stationery, signed by a school official stating the status of the driver’s ed program. **If yes, attach a letter** from the school on official school stationery, signed by a school official including the circumstances that prevent the student from attending driver’s ed class at their school. (Please note: full-capacity/waitlisted/wait time are not a qualifying circumstance). |  |  |
| **DISTANCE:** Is there a driver education school within 25 miles of the student’s residence? **If no, attach a letter** stating the location and distance in driving time to the nearest private driver education school. |  |  |
| **ACADEMIC ACTIVITES:** Is the student involved in academic activities such as AP or honors classes, school groups or functions, or a work/study program that conflict with a local driver ed class? **If yes, attach a letter on letterhead** from a school official/administrator on official school stationary detailing how this activity conflicts with local driver ed classes. |  |  |
| **EXTRACURRICULAR ACTIVITIES:** Is the student involved in extracurricular activities such as church groups or activities, sponsored sports activities, band, choir, orchestra, volunteer activities, scouting, or FFA that conflict with an available driver education program? **If yes, attach a letter on letterhead** signed by the person in charge of the activity on official stationery detailing how this activity conflicts with local driver ed classes. |  |  |
| **EMPLOYMENT:** Is the student working at a job that has conflicting hours with an available driver education program? **If yes,** attach a letter from the student’s employer detailing how the student’s work hours conflicts with local driver ed classes. |  |  |
| **EXTENUATING CIRCUMSTNACES:** Are there any other extenuating circumstances that prevent this student from attending a driver education program? **If yes,** please attach a letter detailing the circumstances and their duration (Note: Cost or personal preference (& COVID-19) are not considered extenuating circumstances). |  |  |

**By my signature below, I certify, under penalty of perjury, that the information given in this application and all substantiating documents is true to the best of my knowledge and ability. I will assume responsibility in providing behind-the-wheel training for my student.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian’s signature** **Date**

Must be a hand written signature in ink as this office is not empowered to accept typed signatures; please note all required supporting documents must also have hand written signatures or they cannot be accepted.