

**TRAFFIC SAFETY DIVISION APPLICATION FOR**

 **CORRESPONDENCE DRIVER EDUCATION**

 **SCHOOL (CSDRED)**

NMDOT Traffic Safety Division (TSD) regards personal instruction as the best benefit for students. The New Mexico Administrative Code (NMAC 18.20.3) establishes rules for authorizing enrollment in Correspondence Driver Education Schools (CSDRED), but may, in accordance with NMAC 18.20.3, grant permission to enroll in a CSDRED if that student is unable to attend a traditional driver education school and meets the eligibility requirements as defined in NMAC 18.20.3.

In all considerations the student must be 15 years of age by the completion of the course and meet the eligibility requirements ***Condition 1*** (***Home School Students***) or ***Condition 2 (All Others)*** stated within in the application.

**Please note:** NMAC 18.20.3 prohibits the acceptance of online or distance learning courses for driver’s education.

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

* Applications must be LEGIBLE and include all the required *supporting documents* and must have parent or guardian **HAND WRITTEN SIGNATURES**
* Please do not leave any blank spaces as this will result in a denial of your application.
* Applications MUST BE MAILED. Emails will not be accepted.
* Please note that payment should not be submitted to the school until approval is received

from this office. Payment to a school DOES NOT guarantee or imply that the student will be approved to enroll in a CSDRED course.

* **Mail documents to:**

**UNM Traffic Safety Center**

**MSC07 4030, 1 University of New Mexico**

**Albuquerque, NM 87131-0001**

 **ATTN: CSCRED**

If you have any questions concerning this application or requirements, please contact our office by email at TSCdriverprograms@unm.edu.

* Applications must include all required information and will be processed in the order they are

 received. Applications that are incomplete or illegible will automatically be denied.

* Please allow thirty (30) calendar days for review and processing of an application.
* If all required documentation is received and the application is approved, TSC will contact

 both you and your school of choice via email with an approval notice.

* If the application is denied you alone will receive a denial notice via email.

**Request for Driver Education Correspondence School**

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

**A list of NM licensed CSDRED schools can be found at:** [**nmtsc.unm.edu**](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 and registered with the **New Mexico Public Education Department (NMPED)** your intent to

 home school this student for the current school year. \*\*Please Note: Online schools are not considered

 homeschooled\*\*

* Completed application
* Verification of registration from <https://homeschool.ped.state.nm.us/>
* I understand that I have the responsibility of providing Behind-the-Wheel training for my

 student (Please refer to the MVD Graduated Licensing Program (GDL). Information can be

 found at <https://www.mvd.newmexico.gov/nm-drivers-licenses-ids>

* My student will have one (1) year from start date to complete the course. No extensions will be

 given unless there is reason of utmost importance then NMDOT/TSD will have the final and sole

 decision on granting an extension.

**By my signature, I certify, under penalty of perjury, that the information given in this application and**

**all attached documents is true to the best of my knowledge and ability. I also acknowledge that I have**

**read, checked and agree to the statements above.**

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

**Parent or Guardian’s signature Date**

* **CONDITION 2. Circumstances that make it necessary for the student to enroll in CSDRED**

|  |  |
| --- | --- |
| Name of School student currently attends: |  |
| City where School is located |  |
| Telephone Number of School |  |
| Name of Principal or Counselor |  |
| Type of School  | **Public\*** **[ ]  Private** **[ ]  Charter** **[ ]**  |
| **For the application to be considered complete: Please check and supply supporting documentation listed below.** (Letters must be specific to the applicant. Generic or template letters will not be accepted.) |
| **SCHOOL STATUS:**  * If your school has Driver Education, provide a letter from your school official on their letterhead as to why you are not able to attend. This letter must include if the conflict involves wait list, academic or extracurricular activities and be specific on how it conflicts (time/hours) with when the class is provided by the school or by a private Driver Education school.
* **If there is a driver education school within 25 miles of your residence, you will need to fulfill at least one additional circumstance listed below.**
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| * **ACADEMIC ACTIVITES:** for school sponsored academic activities submit a letter from your school official on their letterhead as to why you are not able to attend a private Drivers Education school.
* **EXTRACURRICULAR ACTIVITIES:** for school sponsored extracurricular activities **OR** outside school activities submit a letter from the school official or person in charge on their letterhead detailing how this activity conflicts with times offered by a private Drivers Education school.
* **STUDENT EMPLOYMENT:** a letter from the student’s employer detailing how their work hours conflict with times offered by a private Drivers Education school
* **EXTENUATING CIRCUMSTANCES:** from a physician on their letterhead stating the medical issue preventing the student from attending a private Drivers Education school **OR** from the parent’s employer on their letterhead stating how their schedule prevents them taking the student to a private Drivers Education school. (Note: Cost or personal preference is not considered extenuating circumstances).
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| Please acknowledge that you have read each statement below:* I have the responsibility of providing 50 hours of Behind-the-Wheel training for my student.
* **My student will have one (1) year from start date to complete the course. No extensions will be given unless there is reason of utmost importance then NMDOT/TSD will have the final and sole decision on granting an extension.**
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**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 also acknowledge that I have read, checked and agree to the statements above.**

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

**Parent or Guardian’s signature Date**