



**REIMBURSEMENT REQUEST AND STUDENT ENROLLMENT REPORT
School Year 2016-2017**

Completed enrollment sheets must be received by the AOE NO LATER THAN October 15th for the Summer semester; February 15th for the Fall semester; and July 15th for the Spring. If those dates fall on a weekend or a holiday, please be sure the reimbursements are received by the AOE by the close of the prior business day. Both the Driver Education Instructor and Business Manager are required to sign this form. Make a copy of this report for your records and return the original to the Agency of Education, Driver & Traffic Safety Education, 219 North Main Street, Suite 402, Barre, VT 05641. DO NOT alter or make your own version of this form. Any alterations or self-made versions of this form will be returned. Please mail original to me: Tammy Pregent, 219 North Main Street, Suite 402, Barre, VT 05641.

Name of School: _____

Dates of Program **From:** **To:**

ENROLLMENT INFORMATION:

<p>VERMONT STUDENTS</p> <p>Pass: _____</p> <p>Fail: _____</p> <p>Total Pass/Fail: _____</p> <p>Drops: _____</p> <p>Incomplete: _____</p> <p>Total enrolled: _____</p>	<p>NON VT RESIDENT and FOREIGN EXCHANGE</p> <p>Pass: _____</p> <p>Fail: _____</p> <p>Drop: _____</p> <p>Incomplete: _____</p> <p>Total: _____</p>	<p>Schools receive reimbursement for students who <u>complete</u> (by either <u>pass or fail</u>) all phases of the Driver Education program (30 hours class, 6 hours driving, 6 hours observation). Schools are not reimbursed for students who drop or are incomplete.</p> <p><u>Non Vermont Resident and Foreign Exchange</u> students need to be counted separately.</p>
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SIGNATURE OF INSTRUCTOR: _____

SIGNATURE OF SCHOOL BUSINESS MANAGER: _____

FOR STATE DEPARTMENT OF EDUCATION USE ONLY:

Pass: _____	Insurance-Days on: _____	Reimbursable Enrollment: _____ x \$71 = _____
Fail: _____	Cost of Insurance: <u>1.07</u>	Less Direct Cost: _____
TOTAL: _____	Ins. Total: _____	Less Adjustment Overpayment: _____
Total Direct Cost: _____	Vendor #: <u>00000</u>	Add Adjustment Underpayment: _____
Project #: 3282 17000		Total Amount of Reimbursement: _____

Fund: 20205 **DeptID:** 5100090000 **Program:** **Project/Grant:** 51210017 **Class:** 00001