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School Name: _____

Name of Person Completing Form: _____

Daytime Phone: _____

Teacher Names: _____

(List All)

MONTANA OFFICE OF PUBLIC INSTRUCTION

**TE04 STUDENT LIST
FOR TRAFFIC EDUCATION PROGRAMS**

for the Period July 1, _____ to June 30, _____

ATTENTION:

**Return TE 04 Student List
with the
TE 03 CERTIFICATION,
and distribute as per the
directions found below and
on the TE03 Certification,**

1. Goldenrod Copy – Notice of Participation – Send to County Treasurer or Driver License Examiner when TEP issued or class begins.
2. Green Copy – Notice of Completion - Send to County Treasurer or Driver License Examiner when class is completed.
3. White Copy – Reimbursement Request – Send to OPI’s Traffic Education Office when class is completed.
4. Retain a copy for your school records.

SECTION A		GDL		SECTION B	SECTION C				
Name of Students Participating (List Alphabetically, Last Name First) (TYPE ONLY PLEASE)		Birthdate (Mo/Day/Yr)	Date Course Started (MO/DAY/YR)	Issue Date Traffic Education Permit (TEP) (Mo/Day/Yr)	Date Course Completed (Mo/Day/Yr)	Check for All Students Completing Course			
						Successful		Waive Test	
						Yes	No	Knowledge	Driving
1									
2									
3									
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