DE 99 Portal – Application for Student

This application must be completed by the student in class with the instructor present, in the same manner as answering the questions as required at an exam office, where only the student may respond to the questions.

School Information

Instructor's First Name: _____
Instructor's Last Name: _____
Instructor's Phone Number: _____ *(ex. 555-555-5555)*
Instructor's Email: _____
School Name: _____
School Address Line 1: _____
School Address Line 2: _____
School City: _____
School State: KS
School Zip: _____
USD No: _____

Student Information

Legal First Name: _____ *Applicant's full legal name on their application must match their legal documentation or will not be accepted at the exam office.*
Full Middle Name: _____
Legal Last Name: _____
Suffix: _____ *(Junior, Senior, I, II, III, IV, V VI)*
Phone Number: _____ *(ex. 555-555-5555)*
Address Line 1: _____ *(Long addresses may continue)*
Address Line 2: _____
City: _____
State: KS
Zip: _____
Sex: Male_____ Female_____
Date of Birth: _____
Eye Color: _____
Height: _____Ft. _____In. *(Enter as 2 digits in each field.)*
Weight in lbs. _____ *(Enter as 3 digits in each field.)*

License Questions

- Are you a resident of Kansas? Yes_____ No _____
- Have you attended driver education in the past 12 months? Yes _____ No_____
  - If yes, did you complete and pass driver education? Yes _____ No _____
- Do you currently have or have you ever had a Kansas Credential (identification, permit, driver's license)? Yes _____ No _____
  - If yes, enter the Kansas Credential Number _____

- In the last 6 months, have you attempted and failed any testing 4 times at a Kansas Driver's License Exam Office? Yes_____ No _____
    - If yes, when: _____
- Are you lawfully present in the United States? Yes _____ No _____ *If you do not make such a declaration, you will not be permitted to proceed with this permit application.*
- Are your driving privileges currently suspended/restricted/revoked? Yes _____ No _____
    - If yes, where and why? _____
- Has your license ever been suspended/restricted/revoked in Kansas or any other state?
    - Yes _____ No _____ If yes, where and why? _____
- Has your license been surrendered due to the refusal or failure of a chemical test, or is any SUSP/CANC/REV imposed upon you currently stayed by a court, or by the Division of Vehicles pending review?
    - If yes, where? _____

Medical/Vision Questions

- Are you currently a habitual user of drugs or alcohol? Yes _____ No _____
- Do you have any physical limitations that may require vehicle modifications? Yes _____ No _____
    - If yes, describe: _____
- Do you currently have any physical, medical, vision or mental condition(s) that could make it difficult to operate a motor vehicle safely? Yes_____ No _____
    - If yes, name of condition(s)/medication(s): _____
- Have you suffered a seizure in the last six months? Yes _____ No _____
    - If yes, what was the cause and date? _____
- Corrective Lenses Required? Yes_____ No_____
- Vision Acuity: Right Eye 20/_____ Left Eye 20/_____
- Do you need Vision Correction? Yes _____ No _____
    - If no, give last date vision was checked by vision doctor: _____ (*mm/dd/yyyy)*

If student has a valid permit acquired from the Driver's License exam office (not an on-line permit) in their possession, enter 20/40 for each eye as they have passed the eye test at the exam office.

Do you understand that your answers to these questions, if answered falsely, may be grounds for prosecution? Yes _____ No _____

Signature of Student: _____

Date Signed: _____

The above information supplied for data entry has been transferred to the Driver's Education Portal and is true and factual to the best of my knowledge.

Signature of Instructor: _____

Date Signed: _____

The driving school instructor acknowledges that he or she understands that the applicant's lawful presence and Kansas residency documentation must be copied and retained by the driving school for a period of two (2) years.

Check Yes, if you so declare. Yes _____

Documents that can be submitted as proof of lawful presence:

- State issued Birth Certificate
- Social Security Card
- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card) – Must include copy of front and back of card
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Certificate of Citizenship
- Naturalization Certificate
- Machine Readable Immigrant Visa (with Temporary I-551 Language)
- Temporary I-551 Stamp (on Passport or I-94)
- I-94 (Arrival/Departure Record)
- Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J1) Status)
- Other (Use Document description

School Office Use Only

Date Entered	_____
Admin Review	☐ Yes ☐ No
Reason	☐ License ☐Medical/Vision
Categories	☐ Status ☐ Testing ☐ Vision ☐ Medical ☐ Other: _____
Close Date (if applicable)	_____