

Application for MDOT RIDES Program

This form is to be completed by the principal/school administrator at the school requesting RIDES:

Please check one:

Original Application

Renewal Application

School Name: _____

School Address: _____

School Phone: _____ School fax: _____

Your e-mail: _____

Your Name: _____

Title: _____

How did you hear about the MDOT RIDES Program?

In what specific manner will your school utilize the program, for example: will it be utilized within particular grades/curricula?

Please list the name(s) and grade level(s) of each teacher who will utilize the RIDES program:

Name	Grade Level
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Each teacher who will utilize the RIDES program must attend a 1-2 day training session and must submit a utilization report each semester.

By signing below, I am committing the necessary resources for participation in the RIDES program. I understand that continued participation in the RIDES program will require an annual updated participation agreement.

Name

Principal/School Administrator

Date