REPORTING LOCAL ADOPTIONS FOR DRIVER EDUCATION
July 1, 2008-June 30, 2014

SCHOOL DISTRICT_____ **LEA**_____ **COUNTY**_____

ISBN NUMBER	Grade or Subject	Textbook/Instructional Material Title	PUBLISHER	ESTIMATE NUMBER NEEDED

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Superintendent

PLEASE SEND AS SOON AS POSSIBLE OR NO LATER THAN APRIL 1, 2008, TO :

Sue McKenzie
Department of Education
Academic Standards and Assessment
4 Capitol Mall
Little Rock, AR 72201-1071
FAX 501-682-2980

Ark Code Ann. §6-21-413