

JESSE WHITE  
SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SECTION

**DRIVER EDUCATION APPROVAL FORM**

***This portion to be completed by Driver Training School:***

Name and Address of Driver Training School	
Student's Full Name	Last First Middle
Street Address	
City or Town	ZIP Code

_____ Signature of Student	_____ Date
_____ Signature of Parent/Guardian	_____ Date

Name of Jr/High School	
School Address	Phone Number
City or Town	ZIP Code

***This portion to be completed by JR/High School Administration:***

Pursuant to Chapter 625 ILCS, Section 6-408.5, the above named student attends this school and has received a passing grade in at least 8 courses during the previous two (2) semesters and is therefore eligible for private driving instructions:	
<p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	
_____ Signature of Chief School Administrator or Superintendent of High School	_____ Date

(It is recommended that School Administration retain a copy of this form)