

BLUE FORM

JESSE WHITE

SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SECTION

DRIVER EDUCATION APPROVAL FORM

This portion to be completed

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 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:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____
Signature of Chief School Administrator or Superintendent of High School	Date

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