JESSE WHITE

SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SCHOOL SECTION

DRIVER EDUCATION WAIVER 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 HIGH SCHOOL ADMINISTRATION:	
The requirements set forth in Section 6-408.5 of the Illinois Vehicle Code have been waived by the Chief School Administrator or Superintendent of School.	
☐ Yes ☐ No	
Signature of Chief School Administrator or Superintendent of High School	Date

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

CDTS-55