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 eight (8) courses during the previous two (2) semesters and is, therefore, eligible for private driving instructions:

☐ 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.)