

JESSE WHITE
SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SCHOOL SECTION

DRIVER EDUCATION WAIVER 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:

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)