

JESSE WHITE
SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SCHOOL SECTION

HOME SCHOOLED PARENTAL CONSENT FORM

THIS PORTION TO BE COMPLETED BY DRIVER TRAINING SCHOOL:

Name and Address of Driver Training School

Mr. D's Driving School
601 South Illinois St.
Belleville, IL 62220

Student's Full Name

Last

First

Middle

Street Address

City or Town

ZIP Code

THIS PORTION TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN:

The above-named person, is home schooled. I do hereby give my permission for him/her to take driving instructions from a Commercial Driver Training School.

Name of Parent/Guardian

Parent/Guardian Address

Phone Number

City or Town

ZIP Code

Signature of Student

Date

Signature of Parent/Guardian

Date

Date