

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 <p style="text-align: center;">Mr. D's Driving School 601 South Illinois St. --Belleville, IL 62220</p>			
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.	
<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)