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 Certified Driving, Driving 4 Teens		6.5%
786 Euclid Ave, Palatine IL, 60067		
Student's Full Name Last	First	Middle
Street Address		
City or Town		ZIP Code
		1000000 a
Signature of Student		Date
Signature of Parent/Guardian	- 	Date
Name of Jr/High School	2 <u>- 6</u> 2	
School Address		Phone Number
City or Town		ZIP Code
		,
THIS PORTION TO BE COMPLETED BY HIGH SO	CHOOL ADMINISTRATION:	
The requirements set forth in Section 6-408.5 of the Administrator or Superintendent of School.	Illinois Vehicle Code have been	waived by the Chief School
Yes	No	
Signature of Chief School Administrator or Superintendent of High S		Date

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