

ALEXI GIANNOULIAS
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.	
<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.)