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)