



OFFICE OF THE SECRETARY OF STATE
 DRIVER SERVICES DEPARTMENT

CDTS
 650 ROPOLO DR.
 ELK GROVE VILL., IL 60007
 847-437-3953
 www.cyberdriveillinois.com

Driver Education Approval 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:

Pursuant to Chapter 625 ILCS, Section 6-408.5, the above named student attends this school and has received a passing grade in at least eight (8) courses during the previous two (2) semesters and is, therefore, eligible for private driving instructions:

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.)