JESSE WHITE
SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SCHOOL SECTION

HOME SCHOOLED PARENTAL CONSENT FORM

THIS PORTION TO BE COMPLETED BY DRIVER TRAINING SCHOOL:

Name and Address of Driver Training School

Len Scaduto
DRIVING SCHOOL
4957 W. 95th Street
Oak Lawn, Illinois 60453

Student's Full Name	Last	First	Middle

Street Address	

City or Town	ZIP Code

THIS PORTION TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN:

The above-named person, is home schooled. I do hereby give my permission for him/her to take driving instructions from a Commercial Driver Training School.

Name of Parent/Guardian	

Parent/Guardian Address	Phone Number

City or Town	ZIP Code

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Date _____

CDTS-56.2