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

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

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)