

JESSE WHITE  
SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SECTION

**DRIVER EDUCATION APPROVAL FORM**

COURSE#: \_\_\_\_\_

Name and Address of Driver Training School			
<b>Excel Driving School</b> 412 West 5th Avenue, Naperville, IL 60563			
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 8 courses during the previous two (2) semesters and is therefore eligible for private driving instructions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____
Signature of Chief School Administrator or Superintendent of High School	Date

(It is recommended that School Administrator retain a copy of this form)