

JESSE WHITE
SECRETARY OF STATE
COMMERCIAL DRIVER TRAINING SCHOOL SECTION

DRIVER EDUCATION APPROVAL FORM – BLUE FORM

Name and Address of Driver Training School: Joyce's Driving School, Inc. 120 Lageschulte, Suite 101, Barrington IL 60010	
Student's Full Name:	(Last) (First) (Middle)
Street Address:	
City or Town:	ZIP Code:

Signature of Student Date

Signature of Parent/Guardian Date

These Two (2) Sections to be completed by Jr. High/High School Representative:

Name of Jr. High/High School:	
School Address:	Phone Number:
City or Town:	ZIP Code:

Pursuant to Chapter 625 II.CS, 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 driving instruction.

___ YES ___ NO

Signature of Chief School Administrator or Superintendent of School Date

(It is recommended that the school retain a copy of this form)

This form **MUST have three (3) signatures** on it: Student, Parent/Guardian, and High School Administrator; and be returned to the driving school. It is suggested that the form be **returned within the first week of attending the driver education program** in order to avoid possible delay in certification.