



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

CDTS
1800 W. Hawthorne Lane
West Chicago, IL 60185
630-520-9310
ilsos.gov

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

Signature of Student

Date

Signature of Parent or Guardian

Date

Name of Junior High or High School	
School Address	Phone Number
City or Town	ZIP

This portion to be completed by Junior High or High School Administration:

Under 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 instruction:

☐ Yes

☐ No

Signature of Chief School Administrator or Superintendent of High School

Date

(We recommend that school administration keep a copy of this form.)