



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:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Chief School Administrator or Superintendent of High School	Date

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