

JESSE WHITE  
SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SCHOOL SECTION

**HOME SCHOOLED PARENTAL CONSENT FORM**

**THIS PORTION TO BE COMPLETED BY DRIVER TRAINING SCHOOL:**

Name and Address of Driver Training School

All Four Wheels Driving School  
1223 S. Main Street  
Algonquin, IL 60102

Student's Full Name

Last

First

Middle

Street Address

City or Town

Zip Code

**THIS PORTION TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN:**

The above-named person, is home schooled. I do hereby give my permission for him/her to take driving instructions from a Commercial Driver Training School.

Name of Parent/Guardian

Parent/Guardian Address

Phone Number

City or Town

Zip Code

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date