



OFFICE OF THE SECRETARY OF STATE  
 DRIVER SERVICES DEPARTMENT

CDTS  
 650 ROPOLO DR.  
 ELK GROVE VILL., IL 60007  
 847-437-3953  
 www.cyberdriveillinois.com

**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 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 eight (8) courses during the previous two (2) semesters and is, therefore, eligible for private driving instructions:

Yes       No

_____	_____
Signature of Chief School Administrator or Superintendent of High School	Date

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