

COMMERCIAL DRIVER TRAINING SCHOOL SECTION

REQUIRED HOME SCHOOL PARENTAL CONSENT FORM

Send to Top Driver at:
Top Driver
200 W. 22nd Street, Ste. 251
Lombard, IL 60148

Phone: 800.374.8373
Fax: 800.417.4759
Email: grades@topdriver.com

THIS PORTION TO BE COMPLETED BY DRIVER TRAINING SCHOOL

Name and Address of Driver's Training School:

**Top Driver
200 W 22nd St. Suite-251
Lombard, IL 60148**

School Code: 9503

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 instruction from a Commercial Driving 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