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**Secretary of State
Commercial Driver Training School Section
Driver Education Grade Verification Form**

***This portion must be completed by Student and Parent/Guardian:

Name and address of Driver Training School: Top Driver Main Office 200 West 22nd Street, Suite 251 Lombard, IL 60148 School Code# 9503		Mail To: Top Driver 200 West 22nd Street, Suite 251 Lombard, IL 60148 OR Email To: grades@topdriver.com	
Student's Legal Name:	LAST	FIRST	M.I.
Student's Street Address:		Phone Number:	
Student's City/Town:	State:	Zip Code:	

STUDENT SIGNATURE

Date

PARENT SIGNATURE

Date

Name of High School:		
School Street Address:	Phone Number:	
School City/Town:	State:	Zip Code:

** The below portion must be completed by **HIGH SCHOOL ADMINISTRATION**:

Pursuant to Chapter 625 ILCS Section 5/6-408.5, 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:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of Chief School Administrator or Superintendent of High School	Date