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 T	raining School			
Student's Full Name	Last	First	Middle	
Street Address				
City or Town			ZIP	
			·	
THIS PORTION TO B	E COMPLETED BY ST	UDENT AND PARENT	'/GUARDIAN:	
The above-names person i from a Commercial Driver		by give my permission for h	im/her to take driving instructions	5
Name of Parent/Guardian				
Parent/Guardian Address			Phone	
City or Town			ZIP	
Signature of Student			Date	
Signature of Parent/Guardian			Date	