



## Student Passing Grades Requirements

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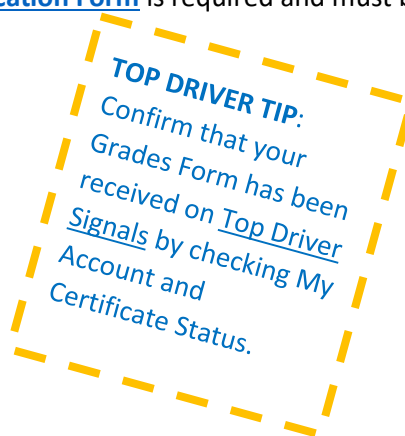
### Student Grade Verification Information

The Illinois Secretary of State requires that all students enrolled in a Driver Education Program show proof that they are in good standing with their high school. A completed [Grade Verification Form](#) is required and must be submitted to [grades@topdriver.com](mailto:grades@topdriver.com).

### Required Signatures

The Grade Verification form must be signed by:

- The Student
- A Parent
- A High School Administrator such as a counselor



### Home Schooled Students

Home schooled students are required to submit a completed [Home School Form](#) to [grades@topdriver.com](mailto:grades@topdriver.com)

### Avoid Licensing Delays

The Grade Verification Form or Home School Form must be emailed to [grades@topdriver.com](mailto:grades@topdriver.com) before the first day of class. Top Driver must receive and approve this form for a student to graduate from the IL Teen Driver Education program and move on to apply for their license.

### Submission Options

EMAIL completed form to: [grades@topdriver.com](mailto:grades@topdriver.com)

OR

MAIL completed form to: Top Driver Corporate Office 200 W. 22<sup>nd</sup> Street, Suite 251 Lombard, IL 60148

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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 <b>Passing Grade</b> 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