



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

CDTS  
650 ROPPOLO 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:** *All American Drivers Training*

Name and Address of Driver Training School				1111 N. Main St. Normal, IL 61761	
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.)