



**All-American Drivers Training**  
**1111 N. Main Street**  
**Normal, IL 61761**  
**309-828-7623**

**INSTRUCTOR/DRIVER ONLY BEHIND THE WHEEL  
LESSONS CONSENT FORM**

I, \_\_\_\_\_, parent/guardian of

(print parent/guardian name)

\_\_\_\_\_, request this student be allowed to

(print student driver's name)

receive behind-the-wheel lessons individually with only the instructor and student present in the vehicle. I understand that by signing this I am agreeing to the State's Notice of Emergency Amendment of the observation hours being waived through August 31, 2020. I also understand that my student will now be receiving only the 6 hours of behind the wheel driving instruction to meet State requirements.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date