JESSE WHITE
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 Training School

BALDA Driving School 3535 N. California Ave. Ste. D Peoria, Illinois 61603-1179

Student's Full Name	Last	First	Middle

Street Address

City or Town	ZIP Code

THIS PORTION TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN:

The above-named person, is home schooled. I do hereby give my permission for him/her to take driving instructions from a Commercial Driver Training School.

Name of Parent/Guardian

Parent/Guardian Address	Phone Number

City or Town	ZIP Code

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Date _____

CDTS-56.2