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			
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