



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:

Name and Address of Driver Training School			
Tri-City Driving School		3361 Fehling Road Suite 8	
Student's Full Name		Granite City, IL 62040	
Last	First	Middle	(618) 876-8000
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.)