

Jesse White - Secretary of State

COMMERCIAL DRIVER TRAINING SCHOOL SECTION

HOME SCHOOL PARENTAL CONSENT FORM

Send to Elite at: Phone: 1 844 435 4833

Email: custserv@elite-drivingschool.com

| | |
|--|----------|
| THIS PORTION TO BE COMPLETED BY DRIVER TRAINING SCHOOL | |
| Name and Address of Driver's Training School: Elite Driving School 707 West Jefferson St. Shorewood IL 60404 School Code 9577 | |
| Student's Full Name <u>Last</u> <u>First</u> <u>Middle</u> | |
| Street Address | |
| City or Town | Zip Code |

| | |
|-------------------------|--------------|
| Name of Parent/Guardian | |
| Parent/Guardian Address | Phone Number |
| City or Town | Zip Code |

Parent/Guardian Signature

Date
