## 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 Tr	aining School		
GoSlow Driving School 459	1 Princeton Lane Lake in	the Hills, Illinois 60156	
Student's Full Name	Last	First	Middle
Street Address			
City or Town			ZIP
THIS PORTION TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN:			
The above-names person is from a Commercial Driver T		by give my permission for h	im/her to take driving instructions
Name of Parent/Guardian			
Parent/Guardian Address			Phone
City or Town			ZIP
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Signature of Student			Date
Signature of Parent/Guardian			Date