

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

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

The above-names 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
City or Town	ZIP

Signature of Student

Date

Signature of Parent/Guardian

Date