



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			
MY TUTOR DRIVING SCHOOL		4212 N BELT WEST	BELLEVILLE, IL 62226
Student's Full Name	Last	First	Middle
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
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(It is recommended that School Administration retain a copy of this form.)