JESSE WHITE 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 Traini	ng School			
Student's Full Name	Last	First	Middle	
Street Address				
City or Town			ZIP Code	
			'	
THIS PORTION TO BE	COMPLETED BY STU	UDENT AND PARENT/GUARDIA	AN:	
The above-named 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 Number	
City or Town			ZIP Code	
			,	
Signat	ure of Student		Date	
Signature of	of Parent/Guardian		Date	
			Date	