



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			
Reeder Transportation Training Center Inc.		1242 East Empire	Bloomington, IL 61701
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

(It is recommended that School Administration retain a copy of this form.)