

**JESSE WHITE**  
SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SCHOOL SECTION

**DRIVER EDUCATION WAIVER FORM**

<b>THIS PORTION TO BE COMPLETED BY DRIVER TRAINING SCHOOL:</b>			
Name and Address of Driver Training School <p style="text-align: center;">REEDER TRANSPORTATION TRAINING CENTER, INC. 1242 E. EMPIRE BLOINGTON, IL 61701</p>			
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

<b>THIS PORTION TO BE COMPLETED BY JR/HIGH SCHOOL ADMINISTRATION:</b>	
The requirements set forth in Section 6-408.5 of the Illinois Vehicle Code have been waived by the Chief School Administrator or Superintendent of School.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Signature of Chief School Administrator or Superintendent of High School	
_____ Date	

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