

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 Training School

Student's Full Name                      Last    First    Middle

Street Address

City or Town

ZIP Code

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

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date