

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

**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
City or Town	ZIP

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date