

Secretary of State
Commercial Driver Training School Section
Driver Education Verification Form

***This portion must be completed by student and parent/guardian:

Name and address of driver training school: Top Driver Driving School (Main Office) 200 West 22 Street Suite 251 Lombard, IL 60148 School Code# 9503		MAIL TO: TOP DRIVER 38810 Ryan #107 Sterling Heights, MI 48310 Fax: 800.417.4759 Email: grades@topdriver.com	
Student's Legal Name:	LAST	FIRST	M.I.
Student's street address:			
Student's city/town:		State:	Zip Code:

STUDENT SIGNATURE

Date

PARENT SIGNATURE

Date

Name of high school:	
School address:	Phone number:
School city, state, & zip code:	

** The below portion must be completed by high school administration:

Pursuant to Chapter 625 ILCS Section 5/6-408.5, 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:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ Signature of Chief School Administrator or Superintendent of High School	_____ date