

**COMMERCIAL DRIVER TRAINING SCHOOL SECTION**

**REQUIRED HOME SCHOOL PARENTAL CONSENT FORM**

Send to Top Driver at:  
Top Driver  
38810 Ryan Road #107  
Sterling Heights, MI 48310

Phone: 800.374.8373  
Fax: 800.417.4759  
Email: grades@topdriver.com

**THIS PORTION TO BE COMPLETED BY DRIVER TRAINING SCHOOL**

Name and Address of Driver's Training School:

**Top Driver  
613 Landwehr Road  
Northbrook, IL 60062**

School Code: 9503

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 instruction from a Commercial Driving 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