

APPLICATION TO DRIVE A VEHICLE ON SCHOOL PROPERTY 2011-2012

PLEASE PRINT

NAME OF STUDENT DRIVER _____
(Last) (First) (Middle)ADDRESS _____
(Street No.) (City) (Zip)

HOME PHONE _____ PARENT'S WORK PHONE _____ GRADE _____

DRIVER'S LICENSE # _____ EXPIRATION DATE _____

PARENT/GUARDIAN _____

ADDRESS _____
(Street No.) (City) (Zip)LICENSE NO. OF VEHICLE _____

(Make/Model) (Year) (Color)

VEHICLE REGISTERED TO _____

NAME AND ADDRESS OF INSURANCE COMPANY _____

PHONE NO. _____

I hereby authorize my son/daughter to drive the above described vehicle to and from School and verify that the information on this form is accurate to the best of my knowledge.

I also verify that I have read the 2011-2012 Parking Permit Policy on the reverse side of this Application and I understand that if it is determined the driving privilege has been abused, his/her driving permit will be revoked by the school administration.

In connection with this request, I consent to the unlocking, opening, and inspecting of the automobile and its contents while on school premises, based on the reasonable suspicion of a school administrator that the vehicle or its contents may violate law or school rules.

EXCESSIVE TARDINESS, TRUANCY, SKIPPING CLASS, AND OTHER INFRACTIONS ARE GROUNDS FOR REVOKING A STUDENT'S DRIVING PRIVILEGE. THIS WILL REQUIRE THE STUDENT TO RIDE THE SCHOOL BUS OR TO ARRANGE ALTERNATE TRANSPORTATION.

Parent/Guardian Signature_____
Student Signature

YOU MUST BRING THIS SIGNED FORM AND YOUR VEHICLE REGISTRATION WITH YOU TO PURCHASE YOUR PARKING PERMIT.

PERMIT NUMBER _____