

STUDENT DRIVER PERMISSION APPLICATION

STUDENT NAME	
DRIVER'S LICENSE NUMBER	
VEHICLE TYPE	
VEHICLE PLATE NUMBER	
REGISTRATION NUMBER	
INSURANCE CARRIER NAME	
INSURANCE POLICY NUMBER	
EFFECTIVE DATE OF COVERAGE	

I understand the following:

1. No other student(s) may ride to or from school functions with me without permission and a note from both my parents and a note from my rider's parents.
2. Driving privileges may be suspended for any of the following reasons:
 - a. lack of parking space
 - b. academic decline
 - c. tardiness
 - d. behavior problems
3. I park in the school lot at my own risk.

(Student's Signature)

(Date)

(Parent/Guardian's Signature)

(Date)

(HS Principal's Signature)

(Date)