APPLICATION TO DRIVE VEHICLES ON SCHOOL PROPERTY

NAME OF STUDENT DRIVER _____
(Last) (First) Middle)

ADDRESS _____
(Street No.) (City) (Zip)

HOME PHONE _____ PARENT'S WORK PH _____ GRADE _____

DRIVER'S LICENSE# _____ EXPIRATION DATE _____

PARENT/GUARDIAN _____

ADDRESS _____
(Street No.) (City) (Zip)

VEHICLE NO. 1: LICENSE NO. OF VEHICLE _____

(Make) (Year) (Color)

VEHICLE NO. 2: LICENSE NO. OF VEHICLE _____

(Make) (Year) (Color)

NAME AND ADDRESS OF INSURANCE COMPANY _____

PHONE NO. _____

TYPE OF COVERAGE _____

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

I also understand that if it is determined the driving privilege has been abused, his/her driving permit will be revoked by the school administration.

Students are not permitted to pass school busses before or after school on any county road.

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 PRIVILEAGE. THIS WILL REQUIRE THE STUDENT TO RIDE THE SCHOOL BUS OR TO ARRANGE ALTERNATE TRANSPORTATION.

_____ _____
Parent/Guardian Signature Student Signature