

Student Information

Name: _____
Grade: _____
Address: _____
City: _____
State: _____ Zip code: _____
Phone: _____
Driver's license number: _____
Driver's license expiration: _____

Parent/Guardian Information

Name: _____
Relationship: _____
Address: _____
City: _____
State: _____ Zip code: _____
Primary phone: _____
Secondary phone: _____

Vehicle #1 Information

Make: _____
Model: _____
Year: _____ Color: _____
License plate: _____

Vehicle #2 Information

Make: _____
Model: _____
Year: _____ Color: _____
License plate: _____

Reason(s) for driving to school: _____

Application to Drive to School

- I have read the School Parking Regulations found in AG 5514B and agree to abide by them.
- 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.
- 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 the law or school rules.
- I understand that 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: _____ Date: _____

Student signature: _____ Date: _____

- Approved
 Disapproved (not allowed to drive to school)

Permit number, if approved: _____

Principal signature: _____ Date: _____