

Student Driver Permit #: _____
Student Driver Permission Form 2009-2010

Students are not permitted to transport other students (except siblings) to or from ANY school function

Please Attach

Copy of proof of Insurance

Copy of Driver's License

Student's Name _____ Grade _____ Homeroom _____

Parent's Names (print)

Student's Address: _____

Student's Phone #: _____ Parent's Phone #: _____

Names of siblings who may ride with student driver: _____

Students Drivers License #: _____ Expiration Date: _____ State: _____

Insured's Carrier _____ Policy # _____ Carrier's phone # _____

Effective Date _____ Expiration Date: _____

List all vehicles the student may drive: _____

Make, Model, Year, Color: _____ Vehicle's Tag #: _____

Make, Model, Year, Color: _____ Vehicle's Tag #: _____

Make, Model, Year, Color: _____ Vehicle's Tag #: _____

Parent and Student's Responsibility:

I understand that I am not permitted to transport any other student (besides my siblings) to or from ANY school function. I understand that violating this may result in my loss of the privilege of driving to or from school functions. I understand that my signature on this permission form releases HCA from all liability due to accidents, injuries, and damage to my vehicle or others vehicles or damage to school property. I am insured to cover any and all circumstances that may occur while driving to and from all school functions. I and my family accept all responsibilities for my driving decisions and the impact they may have on me and others. Any changes in driving status must be reported to the school immediately, regardless of consequence.

Student's Signature

Date

Parent's Signature

Date

List all violations within the last 2 years: _____

Have you ever been convicted of a Felony Offense: Yes _____ or No _____

If yes explain: _____