

APPLICATION TO DRIVE VEHICLES ON SCHOOL PROPERTY
FORM 5515 F1

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)

VEHICLE # 1. LICENSE NO. OF VEHICLE _____

(Make) (Year) (Color) (Permit #)

VEHICLE # 2. LICENSE NO. OF VEHICLE _____

(Make) (Year) (Color) (Permit #)

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.

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

STUDENT AUTOMOBILE PARKING AUTHORIZATION FORM

PERMIT NUMBER _____

In connection with my request to park either my automobile or any automobile I am permitted to drive on school premises, I consent to the unlocking, opening, and inspecting of the automobile and its contents while on school premises.

I agree to make any and all lock keys available to the principal or his/her designee for this purpose. I agree that this permission shall last as long as I am a student and have authorization to park on school premises.

I further agree to abide by all rules established by the school, community, and the State regarding the operation and parking of my vehicle. I understand that violations of such rules may lead to suspension of my driving privileges.

Student

Date