



APPLICATION TO DRIVE VEHICLES ON SCHOOL PROPERTY

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

ADDRESS: _____
(Street No.) (City/State) (Zip)

HOME PHONE: (____) _____ PARENT'S WORK PHONE: (____) _____ GRADE: _____

DRIVER'S LICENSE # _____ EXPIRATION DATE _____

PARENT/GUARDIAN: _____

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

VEHICLE NO. 1 LICENSE NO. OF VEHICLE _____

(Make/Model) (Year) (Color)

VEHICLE NO. 2 LICENSE NO. OF VEHICLE _____

(Make/Model) (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.

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

I am the above-named student and I am eighteen years of age or older, and I am the insured owner of the vehicle/s for which I am requesting a permit to park at Polaris Career Center.

Signature of Student making application: _____ Date: _____

I am the parent, guardian, or custodian of the above-named person who is under eighteen years of age.

Signature of Parent/Guardian: _____ Date: _____
(Signature necessary if student is under 18 years of age)

PERMIT NUMBER: _____