



Permit to Drive Application

So that my student may take part in off-campus educational opportunities offered by the district, I am permitting him/her to drive his/her vehicle to and from the appropriate location. I certify that the vehicle is insured and that my student can be expected to drive in a responsible manner. I agree that the district will not be held responsible for any accidents which may occur.

What school year or years does this apply 20____ through _____.

Driver's Name: _____ Driver's License No: _____

Address: _____ Telephone No: _____

Has driver been in an accident or ticketed for a moving violation in the last 3 years? Yes No
Explain:

Vehicle #1 Make: _____ Model: _____ Year _____ Vehicle License No.: _____ No. of Seat Belts: _____ Name of Company Vehicle Insured With: _____
Vehicle #2 Make: _____ Model: _____ Year _____ Vehicle License No.: _____ No. of Seat Belts: _____ Name of Company Vehicle Insured With: _____

Student drivers are responsible for updating this form in regards to pertinent driver and vehicle information. This form is good for one school year only.

Signature of Parent/Guardian: _____

***** School Use Only *****

Signature of Administrator: _____ Date of Approval: _____