

# Application for Student Driving Privileges

Date: \_\_\_\_\_ Parking Permit: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street or P O Box) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

## PRIMARY VEHICLE INFORMATION:

(Make)	(Model)	(Year)	(Color)	(License No.)	(Exp. Date)
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List below any other vehicle you may drive during the school year:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## INSURANCE COVERAGE: (Minimum Coverage Required is Liability)

_____	_____
(Insurance Company)	(Policy Number)

I understand that my child must abide by all rules and regulations including state laws, and/or school policy to continue to drive to school. Failure to comply with these rules will result in loss of driving privileges. **My child has my permission to drive to school on a regular basis.**

_____	_____
(Signature of Parent/Guardian)	(Date)