

DRIVING AND PARKING PERMISSION FORM

STUDENTS

Submit application to Ms. Taylor. Students may not drive on campus until application is signed and approved by an administrator.

Student Driver & Parking Permit Information

Name of student driver: _____

Vehicle Description (circle one): Car Truck Van Motorcycle Year: _____

Make: _____ Model: _____ Color: _____

License Plate #: _____

Insurance Cover Page copy attached, dated: _____ Driver's License copy attached

Student Driver Release

Yes No My student has provided all appropriate insurance and license information to the School and understands that driving and parking permission is not authorized until approved by Four Rivers administration.

_____ (Parent Signature) _____ (Date)

Yes No My student has permission to drive his/her privately operated vehicle to and from school.

_____ (Parent Signature) _____ (Date)

Yes No My student has permission to drive his/her privately operated vehicle on school field trips or sporting events.

_____ (Parent Signature) _____ (Date)

Yes No My student has permission to drive the following students in his/her privately operated vehicle as long as written permission from their parents has been given to the school office:

_____ (Parent Signature) _____ (Date)

Driving and parking approved from: _____ to _____

by _____
Leslie J. Taylor _____
Date

Student Driver Agreement

Initial Your Understanding of ALL:

All drivers are subject to the laws of the Commonwealth of Massachusetts Department of Motor Vehicles. Violators of state law will be reported to the local authorities. Four Rivers Charter Public School cannot assume any responsibility for damage done to a vehicle while on school grounds.

