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 _______________________________________________  Date

Leslie J. Taylor

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.
I may not drive other students except the person(s) listed above.

Students may not ride in my vehicle without written permission from their parent. **Signed permission must arrive at the school office as soon as the student arrives at school in the morning.**

I must register my car with Ms. Taylor, Administrative Coordinator, at the start of each school year and receive written permission/parking permit in order to park on school grounds. I must re-apply each year.

Unauthorized vehicles parked at school may be towed.

Only the student registered with the school may drive the vehicle.

I may park only in designated parking area. Motorcycles must park alongside the Blue Barn.

I may not hang out at my car in the morning or afternoon or return to it during the school day, unless for a pre-approved field trip, internship, GCC Class or other **pre-approved** activity (in writing).

I must abide by a speed limit of 10 mph while on school property,

I must yield to pedestrians and school buses.

I may not pass any moving vehicle on school property.

I must drive in a mature manner and stay on the roadways.

I must stay off school grounds after being excused, unless attending a co-curricular activity or school social function.

I am expected to be on time to school. Tardiness may result in suspension of parking privileges.

If I violate any of the above regulations, or act in ways that could result in the harm of others or the property of others, I shall be subject to the following penalties:

a. 10-day loss of motor vehicle privileges for the first offense

b. 20-day loss for the second offense

c. loss of privileges for the remainder of the year for the third offense

If I lose driving privileges, I may not drive my car or others’ cars on campus.

Any issues not specifically outlined in the above regulations will be handled at the discretion of the administration.

__________________________________________ (Student Signature)  _____________ (Date)

__________________________________________ (Administrator)  _____________ (Date)