APPLICATION TO DRIVE VEHICLES ON SCHOOL PROPERTY

NAME OF STUDENT DRIVER(I	201)	(First)	(Middle)
			(madio)
ADDRESS(Street No.)		(City)	(Zip)
HOME PHONE			GRADE
DRIVER'S LICENSE#			
PARENT/GUARDIAN			
ADDRESS(Street No.)		(City)	(Zip)
VEHICLE NO. #1 LICENSE NO.	OF VEHIC	CLE	
(Make)		(Year)	(Color)
VEHICLE NO. #2 LICENSE NO.	OF VEHIC	DLE	
(Make)		(Year)	(Color)
NAME AND ADDRESS OF INSU	RANCE C	COMPANY	
			E NO
TYPE OF COVERAGE			
I hereby authorize my son/daug verify that the information on this I also understand that if it is det will be revoked by the school adr	form is ac ermined the ninistration	ccurate to the best of my known he driving privilege has beern.	wledge. n abused, his/her driving permi
In connection with this request, and its contents while on school that the vehicle or its contents may	premises,	based on the reasonable sur	nd inspecting of the automobile spicion of a school administrate
EXCESSIVE TARDINESS, TR GROUNDS FOR REVOKING A STUDENT TO RIDE THE SCHO	A STUDE	NT'S DRIVING PRIVILEGE	. THIS WILL REQUIRE TH
Parent/Guardian Signature		Stude	nt Signature
DEDMIT NUMBED			