



Student Driver Form

Name: _____ Date: _____

License plate number: _____ Vehicle color: _____

Vehicle make, model, and year: _____

Do you plan to drive to school every day? Yes No

If no, please check which days you will normally be driving:

Monday Tuesday Wednesday Thursday Friday

Should we have inclement weather (snow, etc.) do you wish for your child to drive home if they are given permission to leave early? Yes No

If you will have students riding with you to and/or from school, please list their first and last names (their families will need to give us permission):

To School:

1. _____
2. _____
3. _____
4. _____
5. _____

From School:

1. _____
2. _____
3. _____
4. _____
5. _____

I understand and agree to the rules and policies regarding student drivers and also understand that the student's car may be searched while on campus.

Student Signature

Parent Signature

Head of School Signature

Date