



Student Driver Identification

(\$10 fee each year for a parking pass)

Driver's Information

Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent's Work Phone: _____

Car Information

1. Make: _____ Model: _____

Year: _____ Color: _____ License Plate # _____

2. Make: _____ Model: _____

Year: _____ Color: _____ License Plate # _____

Insurance Information

Policy #: _____ Policy Expiration Date: _____

As a student in good standing I understand that it is a privilege to drive a vehicle to school and park it on the school's property. I have proof of current auto insurance and I will commit to driving with the utmost regard for the safety of others. I will obey all traffic signs and other school administrative driving directives. I also understand that my driving privilege can be suspended if I violate any of these guidelines in principle and/or spirit.

Student's Signature

Date

Parent's Signature

Date

7/2015

For Office Use Only:

\$10.00 Fee paid: _____ Date: _____ Permit Number: _____