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TRI-VILLAGE LOCAL SCHOOL DISTRICT

APPLICATION TO DRIVE VEHICLE ON SCHOOL PROPERTY

NAME OF STUDENT DRIVER

(Last) (First) (Middle)

ADDRESS

(Street No.) (City) (Zip)

HOME PHONE PARENT'S WORK PHONE GRADE

DRIVER'S LICENSE # EXPIRATION DATE

PARENT/GUARDIAN

ADDRESS

(Street No.) (City) (Zip)

VEHICLE NO. #1 –- LICENSE NO. OF VEHICLE

(Make) (Year) (Color)

VEHICLE NO. #2 ---LICENSE NO. OF VEHICLE

(Make) (Year) (Color)

NAME AND ADDRESS OF INSURANCE COMPANY

 PHONE NO.

TYPE OF COVERAGE

I hereby authorize my son/daughter to drive the above described vehicle(s) to and from school and verify

that the information on this form is accurate to the best of my knowledge.

I also understand that if it is determined the driving privilege has been abused, his/her driving permit will

be revoked by the school administration.

In connection with this request, I consent to the unlocking, opening, and inspecting of the automobile and

its contents while on school premises, based on the reasonable suspicion of a school administrator that

the vehicle or its contents may violate law or school rules.

**EXCESSIVE TARDINESS, TRUANCY, SKIPPING CLASS AND OTHER INFRACTIONS ARE GROUNDS FOR REVOKING A STUDENT'S DRIVING PRIVILEGE. THIS WILL REQUIRE THE**

**STUDENT TO RIDE THE SCHOOL BUS OR TO ARRANGE ALTERNATE TRANSPORTATION.**

Parent/Guardian Signature Student Signature

PERMIT NUMBER