



**Student Driver Permission Form  
2009-2010**

Driver's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home & Cell Phone numbers: \_\_\_\_\_

Has driver had any moving violations in the past twelve (12) months? Yes or No (circle)

Has driver had any accidents in the past twelve (12) months? Yes or No (circle)

If yes to either question, please explain: \_\_\_\_\_

\_\_\_\_\_

Virginia Driver's License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

(Provide a copy of Driver's License)

Vehicle (Make/Model/Year): \_\_\_\_\_

License Plate #: \_\_\_\_\_

**Driver's Proof of Insurance Coverage:** (Provide a copy of current Insurance Coverage)

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration: \_\_\_\_\_

**STUDENT DRIVING REGULATIONS**

1. Students are allowed to **ONLY** park in the parking spaces at the back of the parking lot closest to Schoolhouse Lane.
2. Students will not be allowed to park outside of designated spaces without prior approval from the Assistant Administrator.
3. Reckless driving (squealing tires, inappropriate passing, etc.) is prohibited and will not be tolerated.
6. Students are not permitted to go to the parking lot during school hours without permission from an administrator in the Main Office.

**Administration Only:**

Date Received: \_\_\_\_\_ Assistant Administrator: \_\_\_\_\_