



**Student Driver Permission Form
2011-2012**

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.
4. 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: _____