

STUDENT DRIVER FORM

Students Name

Grade

Make of Car

Color

License Plate #

Driver's License #

If you do not drive to school, how will you get here? _____

I/We the parent(s) or legal guardian of _____ give my/our permission for him/her to drive to school for the _____/_____ school year. We accept any and all liability as result of accident, injury, and damage to personal property of others by the above named student during this time. Mount Calvary Christian School will not be accountable or liable for the actions of the above named student except as decided upon by the Board and the Administration during the above mentioned time period. This permission can be suspended or revoked at any time by the school administration or by written notification to the administrator by the parent or guardian.

DATE _____

SIGNED _____

Father

Mother

STUDENT'S STATEMENT:

I understand that the privilege of driving to MCCA carries with it certain responsibilities. I know that I will be responsible for conducting myself in a safe, courteous, and proper manner at all times, and that I must arrive in time for school. I understand that any violation of this privilege may result in its being suspended or revoked.

DATE _____

SIGNED _____