

High School Student Driver Information

2010-2011

STUDENT NAME: _____ GRADE: _____

STUDENT CELL PHONE #: _____

STUDENT E-MAIL ADDRESS: _____

STUDENT DRIVER INFORMATION:

Driver's License # _____ State Issued _____

Vehicle Information: Please list all vehicles you might drive to school.

Vehicle #1 – Main vehicle

Make/Model _____

License Plate Number/Letters _____

Vehicle #2 – Secondary vehicle

Make/Model _____

License Plate Number/Letters _____

Name of Insurance Company _____

RESPONSIBILITIES OF STUDENT DRIVERS:

Safety is a primary concern. All students are expected to conform to rules for safe driving in the parking lot.

- Drivers are expected to drive responsibly.
- **Driving speed in the parking lot should be less than 10 mph.**
- Special attention should be paid to elementary students in the parking lot before and after school.
- Student driving privileges may be revoked or suspended as needed.
- **Student drivers leaving campus without checking out & in through the office will result in revocation or suspension of driving privileges and/or school suspension.**
- Drivers are expected to comply with directions given by faculty members.

I have read and agree to follow the driving standards as required by law as well as the DCA guidelines. I understand that should I not adhere to these standards, my school driving privileges may be revoked.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____