



20 _____ - 20 _____ School Year

Student Name: _____ Date: _____

Vehicle's License#: _____ Model: _____ Color: _____

Please attach a copy of student's Driver's License.

In requesting permission to drive to school I agree to the guidelines established by SAA and acknowledge that my driving privileges can be revoked if I do not comply with the following statements:

1. I will drive in a safe and responsible manner.
2. I will not use my car until I am ready to leave school for the day and am ready to return home. (Special permission may be granted to doctor appointments, etc.)
3. I will not allow any students to ride or loiter in my car.

Although it is not encouraged, if a student(s) commutes with you on a regular basis, permission must be granted from both families, and written permission from BOTH families must be on file in the main office. An irregular occurrence must be approved by Administration and written permission for that particular day must be granted from both families.

4. I will not hold the school responsible for damages to my car while on the school grounds.

Student's Signature: _____

I give permission for _____ to drive to school during the
20____-20____ school year. He/She may take/bring the following passenger(s) (to school/home) (from school)
(circle one or both) and written permission for the passenger(s) is attached to this form.

Parent's Signature: _____

Additional restrictions: