Grace Christian Academy

New Student Driver Vehicle Use Permit

This form must be completed in full and kept on record in the school office.

Student Driver’s Name DOB

Address

Driver’s License Number Plate Number

Auto Insurance Co. Policy #

Vehicle Make Year Color

List the first and last name of any riders other than the driver:

1. 2.

3. 4.

* I agree to abide by the rules and regulations in the Parent/Student Handbook concerning student vehicle use. I realize that failure to comply will result in the forfeiture of my driving privileges. Should there be any change in the above information, I will notify the Academy.

Signature of Student Driver Date

* My student has permission to drive the above-named vehicle in compliance with the rules and regulations found in the Parent/Student Handbook. I assume responsibility for the vehicle and its occupants.

Signature of Parent Date

* My student may leave campus during the school day with administrative approval.

Signature of Parent Date

* My student may only leave campus with my permission.

Signature of Parent Date