Woodridge Local School District

APPLICATION TO DRIVE VEHICLES ON SCHOOL PROPERTY

NAME OF STUDENT DRIVER_____
(Last) (First) (Middle)

ADDRESS_____
(Street No.) (City) (Zip)

HOME PHONE_____ PARENT'S WORK PHONE_____GRADE_____

DRIVER'S LICENSE # _____ EXPIRATION DATE _____

PARENT/GUARDIAN_____

ADDRESS_____
(Street No.) (City) (Zip)

VEHICLE NO. #1 LICENSE NO. OF VEHICLE_____

_____
(Make) (Year) (Color)

VEHICLE NO. #2 LICENSE NO. OF VEHICLE_____

_____
(Make) (Year) (Color)

NAME AND ADDRESS OF INSURANCE COMPANY_____

_____PHONE NO._____

TYPE OF COVERAGE_____

I hereby authorize my son/daughter to drive the above described vehicle(s) to and from School and verify that the information on this form is accurate to the best of my knowledge.

I also understand that if it is determined the driving privilege has been abused, his/her driving permit will be revoked by the school administration.

In connection with this request, I consent to the unlocking, opening, and inspecting of the automobile and its contents while on school premises, based on the reasonable suspicion of a school administrator that the vehicle or its contents may violate law or school rules.

EXCESSIVE TARDINESS, TRUANCY, SKIPPING CLASS, AND OTHER INFRACTIONS ARE GROUNDS FOR REVOKING A STUDENT'S DRIVING PRIVILEGE. THIS WILL REQUIRE THE STUDENT TO RIDE THE SCHOOL BUS OR TO ARRANGE ALTERNATE TRANSPORTATION.

_____ _____
Parent/Guardian Signature Student Signature

PERMIT NUMBER _____