

STUDENT VEHICLE REGISTRATION FORM

Registration No: _____

DRIVER'S NAME: _____

VEHICLE LICENSE NUMBER: _____

VEHICLE MAKE / MODEL: _____

VEHICLE COLOR: _____

Name of Insurance Company: _____

Policy Number: _____

Driver License Number: _____

The following students are permitted to be transported by the above named student.

NAME DOCUMENT ON FILE Admin review

1		
2		
3		
4		

PARENT SIGNATURE: _____

ADMINISTRATIVE SIGNATURE: _____

DATE: _____

ALL vehicles MUST be registered in the office and a driving pass obtained to be displayed on the rear view mirror. Violation of driving policy will be subject to driving priviledge suspension. Driving priviledges will be suspended for such misconducts as, but not limited to:

- a. Reckless driving in parking lot
- b. Illegally passing school bus
- c. More than three (3) tardies to school
- d. Suspensions from school
- e. Loitering or visiting in the parking lot

ACTION:

- First offense: Thirty (30) school days loss of driving priviledge
 Second offense: Sixty (60) school days loss of driving priviledge
 Third offense: Ninety (90) school days loss of driving priviledge
 Fourth offense: One (180) school days loss of driving priviledge

Any student driving to school and found to be in possession of a controlled substance, drug paraphernalia, tobacco products or leaves school without permission in his/her vehicle will have driving priviledges removed for one year commencing with the date of the infraction.

I have read the driving policy and understand that my privilege to drive may be withdrawn if I fail to follow the policy.

Student Signature: _____

Please be advised student driver's license will be checked periodically.