

**Central Bucks School District
High School STUDENT DRIVER Permission Slip**

Permission is granted for my child _____,
(First Name) (Middle Initial) (Last Name)

in Grade _____, to drive to _____
(Destination)

at _____
(Address of Community Organization)

during quarter(s) _____ period _____, of school year _____, for the purpose of participating in a specialized curriculum program that links learning between the school and community, or satisfying a component of the Graduation Project.

The name of the teacher contact for this request is _____.

My child's driver's license number is _____.
(License Number)

Please attach a copy of the student driver's Proof of Insurance to this Student Driver Permission Slip.

I understand that my insurance provides primary coverage, in the event of an accident. I also understand that the district carries no insurance for liability, personal injury, collision, medical payment, or uninsured or underinsured coverage for student drivers or passengers driving to or from community organizations. Additionally, no insurance is provided for student drivers or passengers for trips to community organizations at the beginning of the school day or from community organizations to any point of destination other than the school at the end of the school day.

Check One:

Yes No I will allow my child to transport other students
(Please note there is no obligation or expectation relating to transporting others).

Parent's Signature: x _____ / _____
(Date)

Student 's Signature: x _____ / _____ Home Phone Number: _____
(Date) Area code

Street Address: _____ City/State/Zip Code: _____

Will this student driver have student passengers? If yes, please add their contact information below:

	Passenger Name:	Passenger Address:	Passenger Phone #:
1.			
2.			
3.			

White School Copy

Canary Student Copy

Pink Graduation Project Office Copy