

**FOUR CITIES EDUCATIONAL COMPACT
CAREER-TECHNICAL STUDENT DRIVING REQUEST
2016-2017**

Student Name _____ Home School _____

Address _____ Zip _____

Home Phone _____ Program _____

Vehicle Plate No: _____ Color _____ Model _____ Year _____

Each school in the compact provides bus transportation however students are permitted to drive. Authorization for student permission to drive will be given by the home school principal and their program school principal.

This form must be given to the home school principal first to obtain his/her permission to drive to a program school. Any Compact school principal may revoke driving privileges. The program school principal or designee must sign the form before it is returned to the home school principal's office. The form must be signed by the student and the parent.

Students may not drive to program schools until this form is on file at the home school and parking permits are purchased from the home school. **Students will purchase and pay for a parking pass at their home school. Students will take their home school parking pass to their program school and complete the required paperwork. An additional pass will be provided to the student or a sticker will be applied to the home school parking pass.**

The applicable Four Cities Policy is written below:

With written permission from Eligible Students' parent(s) (or written permission from Eligible Students 18 years of age or older), such students may provide their own transportation from their Participating School District of residence to their Participating School District of attendance, subject to all applicable laws and regulations (including without limitation that licensed drivers under age 18 are not permitted to transport more than one person who is not a family member at any time, unless the driver's parent or guardian is in the vehicle as well.

PLEASE ACKNOWLEDGE APPROVAL OF THESE ARRANGEMENTS

Parent/Guardian: I am aware that my son/daughter will be driving to the program class. I acknowledge having proper automobile insurance and adequate insurance coverage. I will be responsible for any expenses incurred as a result of an auto accident.

I understand and accept all responsibility for my son/daughter to drive to the career-technical program. The student agrees to drive directly to and from the program school and not stop enroute.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent(s) Daytime Telephone Number _____ Cell Number _____

Home School Administrator's Signature _____ Date _____

Program School Administrator's Signature _____ Date _____

DATE(s) Student has permission to drive _____