

Greater Albany SD 8J
Administrative Regulation

Code: **EEA-AR(2)**
Adopted: 6/1/95
Revised/Readopted: 3/12/01, 3/22/04
Orig. Code(s): AR 6700-I, AR
6700-J

Permission Forms

Passenger Permission Form

Various times during the year, students may have a need to ride in a private car due to sports practices, internships, co-op work experience, cadet teaching, business partnerships and conducting assigned business for school newspaper, leadership, annual, rally, dance team, etc. I believe the events for which my student will travel in a privately-owned vehicle are educationally valuable. So that my student may take part in these events, I am giving him/her permission to ride in a privately-owned vehicle driven by a properly licensed student or nonstaff member within the confines of state law.

In the event of a medical emergency, and I cannot be contacted, I authorize the school district to arrange for necessary medical services, and I will provide for the payment of any of these expenses.

Name of Student: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____ Phone: _____

Application For Permit to Drive

So that my student may take part in off-campus educational opportunities offered by the district, I am permitting him/her to drive his/her vehicle to and from the appropriate location. I certify that the vehicle is insured and that my student can be expected to drive in a responsible manner. I agree that the district will not be held responsible for any accidents which may occur.

What school year or years does this apply? 20 ____ through 20____.

Driver's Name: _____ Driver's License No: _____
Address: _____ Telephone No: _____

Has driver been in accident or ticketed for a moving violation in the last 3 years? Yes No
Explain:

<p>Vehicle #1</p> <p>Make: _____ Model: _____ Year: _____</p> <p>Vehicle License No.: _____ No. of Seat Belts: _____</p> <p>Name of Company Vehicle Insured With: _____</p>
<p>Vehicle #2</p> <p>Make: _____ Model: _____ Year: _____</p> <p>Vehicle License No.: _____ No. of Seat Belts: _____</p> <p>Name of Company Vehicle Insured With: _____</p> <p>(The insurance on the privately owned vehicle will be primary and the school district's insurance secondary.)</p>

Student drivers are responsible for updating this form in regards to pertinent driver and vehicle information. Form is good for one school year only.

Signature of Parent: _____

***** School Use Only *****

Signature of Administrator: _____ Date of Approval: _____