South Central Jr/Sr High School Student Driving Permit Application

Student Information

Name of Student Driver_____

(Last) (First)

Address_____

(Street) (City) (Zip Code)

Parent/Guardian Information

Parent/Guardian Name_____

Parent/Guardian Phone Number_____

Driver's License Information

Driver's License Number_____
License Expiration Date_____

Vehicle Information

License Plate Number_____
Make of Vehicle_____
Model Year_____
Color of Vehicle_____

Insurance Information

Name of Insurance Company: _____
Insurance Company Address: _____
Insurance Company Phone Number: _____
Type of Coverage (Check all that apply):
☐ Liability ☐ Comprehensive ☐ Collision ☐ Other: _____

Student Agreement

I understand that driving and parking on South Central Jr/Sr High School property is a privilege. I agree to obey all school traffic and parking regulations. I understand that any violation may result in suspension or revocation of this 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 PRIVLEDGE. THIS WILL REQUIRE THE STUDENT TO RIDE THE BUS OR ARRANGE ALTERNATE TRANSPORTATION.

Student Signature_____ Date_____

Parent/Guardian Signature_____ Date_____