

Student: _____ Grade: _____ Pass Number: _____

FFHS Driver Permission Form

I hereby give _____ permission to drive to school. This permission form also certifies that I will carry liability insurance on the vehicle being driven and that the driver has a valid driver's license, as required by law. I shall submit valid and current proof of insurance to the school.

I understand that the vehicle must be parked in the assigned student parking spot by 7:50 am and is to remain parked until school is dismissed for the day. I understand that students are not permitted to visit their vehicles during the school day for any reason. I understand that students are expected to drive cautiously and follow all traffic rules. I understand that weapons, tobacco, alcohol, and drugs are not permitted on school grounds, including the student parking lot.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Vehicle Information

Make and Model: _____ License Plate Number: _____

- _____ Copy of license (attached)
- _____ Copy of insurance card (attached)
- _____ Fee Paid.

The cost of the parking pass is \$15.00. (Checks should be made payable to Cloverport Schools.)

Valid for the _____ school year only.

Parking Pass Number: _____

*Violation of school rules related to student parking area or reckless driving will result in forfeiture of parking pass and suspension of driving privileges. Following suspension, students will be responsible for purchasing another parking pass at a cost of \$15.00

