



Suffolk Christian Academy
Student Driver Information Form

School Year: _____

Parking Space No.: _____

Student Name: _____

Date of Birth: _____

Driver's License No.: _____

Insurance Company: _____

Vehicle Model: _____ Vehicle Make: _____ Vehicle Year: _____

License Plate No.: _____

- _____ *Copy of Insurance Card*
- _____ *Copy of Driver's License*
- _____ *Copy of Vehicle Registration*

I authorize my student to drive to school.

Parent Signature

**Please list any restrictions on a separate piece of paper.*

Student Driver Policy:

1. Students must have a valid permit to drive to school. A copy must be kept in the school office, including registration and insurance card.
2. Students will park in the area designated by the administration and will remain parked until the end of the school day. Students must receive permission to go to their vehicle during the school day, even if they have forgotten an item needed for the school day.
3. No other students are to be transported by the student driver unless written parental permission for both the driver and passenger has been given in advance to the school office.
4. If a student's driving privilege is revoked by the school, the student is expected to use alternate transportation to school, other than his/her vehicle.
5. Students of the opposite sex are not permitted to ride together without parent permission.

Driving to school is a privilege and requires approval by administration. Violation of automobile policies may result in loss of driving privileges.

I have read and understand that driving to school is a privilege and by signing below agree to do my best to abide by the above regulations.

Student Signature