



Education Cabinet  
*Office of Career and Technical Education*

**Student - Riding Permit**

School:		Location:	
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Student's Name:			
Has permission to ride to the	Boone County		
Area Technology Center	On (date):		
With:			
High School:			
Class:			
Reason:			

Technical Teacher – <i>Signature/Date:</i>	
Area Technology Center Principal – <i>Signature/Date:</i>	
High School Principal – <i>Signature/Date:</i>	
Parent Or Legal Guardian – <i>Signature/Date:</i>	
Parent of Driver – <i>Signature/Date:</i>	

**This form must be returned to the Area Technology Center Office upon arrival.**

Equal Education and Employment Opportunities M/F/D