

2020-2021

Student Driver

Name: _____

Make: _____ Year: _____ Color: _____ .

License Plate #: _____

I give consent for my child to drive to school and certify that any occasion of his/her driving is one of necessity.

I have read the driving rules and will share the responsibility for the student's compliance with the agreement.

* *Parent Signature _____ Date _____

**** A copy of the **insurance card** and **driver's license** must be submitted to the high school office. Please email to ahollenshead@sfsd.k12.pa.us**