Student Driver Permission Form
2025-2026

Schaumburg Christian School
200 North Roselle Road
Schaumburg, IL 60194
Phone: 847-885-3230
Fax: 847-885-3354
www.schaumburgchristian.com

Today's Date_____

STUDENT INFORMATION	
Student's Name: _____ *Last* *First*	Grade: _____
Driver's License Number: _____	
Insurance Company: _____	Policy No.:
Parent's Name: _____ *Last* *First*	

VEHICLE INFORMATION		
Make:	Model:	Color:
Year:	Vehicle License Plate No.:	

The following student(s) will be riding with me:

Name_____ Grade_____

Name_____ Grade_____

Name_____ Grade_____

Name_____ Grade_____

Name_____ Grade_____

You must read the following statements and sign stating that you are in agreement:

- Any student who possesses a valid Illinois driver's license may drive to school. However, permission must be obtained from the school office before the student may drive on a regular basis.
- Any student who demonstrates careless or reckless driving habits will be asked to forfeit the privilege of driving to school.
- Student drivers should park their vehicles in the designated student parking area and should not return to their vehicles during the school day.
- Under no circumstances are students to transport anyone other than those assigned by parents to ride with the student driver.

Student's Signature _____ Date *(xx/xx/xxxx):* _____

Parent's Signature _____ Date *(xx/xx/xxxx):* _____