Constantine High School
Driving Permit

Date _____ Permit Tag # _____

Name of Student Driver _____

Grade _____ Name Vehicle is Registered Under _____

Vehicle Description:

Auto Year & Make _____

Color _____ License Plate # _____

Insurance Company _____

Type of Coverage (Full or PLPD) _____

I hereby understand that driving to and from school is a privilege. I agree that I will forfeit my driving privilege if at any time I violate the driving laws or school rules. These rules include driving at unauthorized times, sitting vehicle during school hours, creating a disturbance near the school, and engaging in unsafe driving activities.

I also agree to park in the designated parking spaces provided.

In connection with this request, I consent to the unlocking, opening, and inspection of the automobile and its contents while on the school premises, based on the reasonable suspicion of a school administrator that the vehicle or its contents may violate law or school rules.

EXCESSIVE TARDINESS, TRUANCY, SKIPPING CLASS, AND OTHER INFRACTIONS ARE GROUNDS FOR REVOKING A STUDENT'S DRIVING PRIVILEGE. THIS WILL REQUIRE THE STUDENT TO RIDE THE SCHOOL BUS OR ARRANGE ALTERNATE TRANSPORTATION.

_____ _____

Parent/Guardian Signature Student Signature

*__Parking tags should be displayed on rear view mirror. Reminder that the parking tags should be removed from the mirror while vehicle is in motion.__