

Boyertown Area Senior High Driving Permit Request

PLEASE PRINT:

Student Name: _____ Grade: _____
Last First Middle Initial

Reason for Driving: _____

DATE(S) NEEDED: _____

Signature
Teacher

Signature
Parent/Guardian of Driver

Signature
Principal

VEHICLE INFORMATION

Make: _____ Model: _____

Color: _____ Year: _____ License Plate Number: _____

I believe driving is a privilege and a responsibility. Violations of the Driving Policy including transporting unauthorized passengers, speeding, reckless driving, parking in undesignated areas, failing to display parking permit and any other actions deemed inappropriate may result in the towing of your vehicle and/or permit revocation and disciplinary action.

Signature of Student Driver

Date

TO BE COMPLETED BY THE OFFICE

Permit Number: _____ Date Issued: _____ Permit Fee Paid Date: _____

Signature - Supervisor or Building Administrator
(5/10)

Date

G-110