*Boyertown Area Senior High*

# Riding Permit Request

**PLEASE PRINT:**

Student Name:_____ Grade: _____
Last First Middle Initial

Reason for Riding: _____

_____

_____

**DATE(S) NEEDED: _____**

**DRIVER'S NAME**:_____
Last First Middle Initial

_____ _____
Signature – Teacher Signature – Parent/Guardian of Driver

_____ _____
Signature – Principal Signature – Parent/Guardian of Rider

---

**I believe riding is a privilege and a responsibility. Any violations of the of the Behavioral Code may result in permit revocation and disciplinary action.**

_____ _____
**Signature of Student Rider** **Date**

---

**TO BE COMPLETED BY THE OFFICE**

Permit Number: _____ Date Issued: _____

Signature - Supervisor or Building Administrator Date