

Evangel Classical Christian School

Authorized Student Driver Form Aug 2010 - June 2011

Please print clearly.

Personal Information (separate form required for each driver)

Name: _____ Grade: _____

Student Mobile Phone: (_____) _____ - _____

Emergency Contact Numbers (if student does not arrive on campus by 8:30 am, parent will be notified)

Home Phone: (_____) _____ - _____ Parent Mobile Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Ext: _____

Automobile Information

Car Make/Model/Year: _____ Car Color: _____ Tag #: _____

Driver's License Information

Driver's License #: _____ Expiration Date: ____ / ____ / _____

Insurance Information

Company Name: _____ Policy #: _____

Student Acknowledgement

I understand that I may transport only those students whose parents have given the school written permission for me to transport from school. I understand that my parents must also give written permission for me to transport any student from school. I understand that my parents will be notified if I do not arrive at school by 8:30 am.

Signature

Date

Parental Consent

I understand that ECCS can only dismiss students to ride with my child whose parents have given written permission for him/her to transport them. I understand that I must also give written permission for my child to transport those students. I understand that I must send written permission for my child to leave school during school hours (i.e. drive themselves to a doctor's appointment).

Signature

Date