



## SUMMIT TECH ACADEMY DRIVING/RIDING PERMIT

*Please fill out all sections completely. PLEASE PRINT LEGIBLY. If changes are made to this form, please have your administrator initial the section(s).*

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Date(s) you wish to drive or ride: \_\_\_\_\_

Purpose for request \_\_\_\_\_

License Plate# \_\_\_\_\_ Color of Vehicle \_\_\_\_\_

Year/Make/Model of Vehicle \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE BOX AND COMPLETE SELECTION.

**Driving Alone**

*I am requesting permission to drive alone to Summit Tech Academy. I understand that the vehicle is to be driven to school for the purposes stated, and that no one will be permitted to ride to or from school with me.*

**Driving with a Rider** (Riders must have signed permission form on file as well)

*I am requesting permission to drive to Summit Tech Academy and have rider(s).*

**Please list name(s) of rider:** \_\_\_\_\_

**Riding**

*I am requesting permission to ride with:* \_\_\_\_\_

\_\_\_\_\_  
Signature- Parent

\_\_\_\_\_  
Signature – Student

\_\_\_\_\_  
Signature – Home School Principal/Sr Office

*Driving/Riding Permit Must be completed before the Director's approval will be given.*