MONCLOVA
Christian Academy

STUDENT DRIVING PRIVILEGE REQUEST

Student's Name: _____ Grade: _____

Driver's License # _____ ***A copy of license <u>MUST</u> be attached to this form***

I/We request that our above mentioned student be permitted to drive to and from academy. We have read the handbook in reference to student driving privileges and agree to abide by those guidelines. MCA reserves the right to revoke or suspend these privileges for the following violations:

- ☐ Transporting any other student off academy property other than the following (parent approved):

  _____
- ☐ Reckless/fast driving while entering or leaving MCA property
- ☐ Leaving academy property during the school day, **<u>including lunch</u>**, without permission from academy office
- ☐ Unlawful absences or chronic tardiness
- ☐ Hanging out in vehicle before academy or during lunch

VEHICLE Make, Model, and Year	**LICENSE PLATE State and Tag Number**	**COLOR**	**CAR INSURANCE COMPANY (COPY of insurance card MUST be attached to this form)**	**LEGAL OWNER OF CAR**

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Administrator Approval_____ **Date** _____

Office Use only: