



Student Information

Driver: _____
Last First

Program: _____ (Circle One) AM PM FD

High School: _____ Grade: _____

Vehicle Information

Make: _____ Model: _____

Color: _____ Year: _____ License #: _____

Driver's License #: _____

I give permission for my son/daughter to drive to/from the LCCTC and transport the below students.

Parent Signature Date Driver Signature Date

I give permission for the above driver to bring my son/daughter to/from the LCCTC.

Rider: _____
Last First

Program: _____ (Circle One) AM PM FD

Parent Signature Date Rider Signature Date

I give permission for the above driver to bring my son/daughter to/from the LCCTC.

Rider: _____
Last First

Program: _____ (Circle One) AM PM FD

Parent Signature Date Rider Signature Date

I am permitting the above students to ride/drive as indicated on this form to/from the LCCTC. It is understood that students are not authorized to make any other stops while travelling to/from the LCCTC.

Authorizing Signature/Home School Administrator Date

Authorizing Signature/LCCTC Administrator Date



For Office Use Only:

Date Received: _____
Insurance Verified: Yes No Initials: _____
Registration Verified: Yes No Initials: _____
Data Entered Into ClassMate Yes No Initials: _____

Parking No Assigned: _____

Permit No Assigned: _____