



Cooperative Summer School

Student Permission-To-Drive and Automobile Liability Form

Student Name: _____

Driver's License Number: _____

Name of Insurance Company: _____

Policy Number: _____ **Effective Date:** _____

Name/Type of Vehicle: _____

Name of Policy Holder: _____ **Policy Limits:** _____

Vehicle Owner: _____

This is to state that my child, or the child for whom I am guardian, named above, has my permission to drive to and from Penfield Irondequoit MS during Cooperative Summer School 2019. I am fully aware of the availability of free school transportation and decline to use this transportation for my child.

I understand and agree that it is of utmost importance that my son/daughter, while driving to and from school, obey all Department of Motor Vehicles rules, as well as school and parking rules, and any other regulations related to driving. I further agree that my child will not transport any other students without first notifying BOCES Cooperative Summer School administration and gaining permission from the other student's parent/guardian, listed below. I agree not to hold the school, the school system, any of its constituents, or a representative responsible for any damage, which may occur to the vehicle my son/daughter is driving.

Parent's/Guardian Signature Date

Student Driver's Signature Date

Student Rider Parent's Signature Date

Student Rider's Signature Date

THIS FORM MUST BE SUBMITTED BEFORE THE STUDENT MAY DRIVE

5/23/2019