

WMCTC Student Driver/Passenger Form 2021-2022

THIS FORM MUST BE SUBMITTED NO LESS THAN 24 HOURS PRIOR TO THE REQUESTED DATE OF DRIVING

Student Name: Program/Instructor:		or:
High School	Make/Model of vehicle:	Driver or Passenger (circle one)
Year: Color: ***** Attach a copy	License Plate # of your license or bring your license with you for the o	ffice to copy*****
Office Use Only: Parking Space #	Payment Received <mark>(\$25.00 f</mark>	fee)* e Business Office. Checks can
Parking Sticker Provided (\$5.0	00 replacement fee, if lost)	

THE COST OF A PARKING SPACE IS \$25.00<mark>*</mark>. THIS MUST BE PAID PRIOR TO ASSIGNING A PARKING SPACE.

Condition of Agreement to drive to school or be a passenger:

- All drivers and passengers must submit their own completed permission forms.
- Spring-Ford does not allow passengers with student drivers.
- Student drivers are expected to be in school on time and not leave before their dismissal.
- Unauthorized vehicles are not allowed on school property during school hours. Since parking stickers are not transferable, a student driver must promptly notify the Student Services Office if he or she is no longer using the vehicle authorized on the Student Driver/Passenger Form.
- Student drivers must abide by state and local traffic laws at all times on school property.
- $\circ~$ Student drivers may not return to their vehicles or move them during the school day without Administrative permission.
- Student drivers can face disciplinary consequences for allowing fellow students to be unauthorized passengers in their vehicles.
- Driving to school is a privilege granted to the student. WMCTC has the right, at any time, to revoke driving privileges.
- Parking is allowed ONLY in designated spots assigned by Administration.
- Refer to the Student Handbook, page 37, for more detailed driving instructions.

By signing this form, you agree to the rules for driving or riding in a car to and from WMCTC. Any deviation of the rules may lead to demerits or suspension and revoking driving privileges.

Student Signature:	Date:
Parent Signature:	Date:
Iagree do not agree to allow my student to have these passengers in their vehicle.	(parent initials)
Iagree do not agree to allow my student to ride with an approved driver	_ (parent initials)

Name(s) of passengers or Name of Driver: _____

*The parking fee of \$25.00 is waived for BioMed students and COS students working the Thursday night salon only.