



# Trinity-Byrnes

Collegiate School

## STUDENT DRIVING PERMISSION FORM

I have read and agree to follow Trinity-Byrnes Student Parking Guidelines. I further understand that I may forfeit my privilege to drive to school/ my child may forfeit his or her privilege to drive to school if any of the procedures are violated.

Sticker Number: \_\_\_\_\_

**FEE: \$70**

Please write neatly:

Print Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent or Guardian's signature: \_\_\_\_\_

Parent or Guardian's day-time phone number: \_\_\_\_\_

Student's Driver's License Number: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Car 1 Make/model: \_\_\_\_\_ License no.: \_\_\_\_\_ Yr: \_\_\_\_\_ Color: \_\_\_\_\_

Car 2 Make/model: \_\_\_\_\_ License no.: \_\_\_\_\_ Yr: \_\_\_\_\_ Color: \_\_\_\_\_

You will be issued a tag to hang on the rearview mirror of your car. Please place the numbered side facing forward.

**THIS PERMISSION FORM MUST BE RETURNED TO THE OFFICE WITH PAYMENT IN ORDER FOR THE STUDENT DRIVING PRIVILEGE TO BE INITIATED.**