



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: \$35

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.