



INTERNATIONAL
COMMUNITY SCHOOL

STUDENT DRIVER INFORMATION

Student Name _____

Parent Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Days you drive to school: (please circle)

Tuesday

Thursday

Friday

Vehicle Information

Driver's License Number _____ License Plate Number _____

Make/Model of Car _____ Year _____ Color _____

Insurance Company _____ Policy Number _____

I understand that driving is a privilege and not a right. By signing this form, I agree to drive with care and caution, making certain to follow the rules while on school property.

Student Signature

Date

Parent Signature

Date

For office use only:

Approved Not Approved

RT CB Date _____