

California Area Senior High School Student Driver Application

Date: _____

Student Name: _____

Permit #: _____

Grade: 10 11 12

Permit Type: Temporary Permanent

Driver's License #: _____

Vehicle License Plate #: _____

Vehicle Year/Make/Model/Color: _____

Insurance Company: _____

Policy #: _____

Reason for Application: _____

I have read and understand the attached Student Driving Policy and further understand that if I violate any of the rules contained therein, my driving privilege will be suspended or revoked.

Student Signature: _____ Name Printed: _____

Approved By: _____ Denied By: _____

Parental Approval Portion

I hereby give consent for my son/daughter, _____ to be issued a Student Driving Permit with the understanding that his/her adherence to the school handbook and driving policy will be maintained at the acceptable standard as set forth by school administration.

Date: _____ Parent/Guardian Signature: _____



Employer's Statement

_____ has been employed by me to work for _____
(Name/Address of Employer)

Type of Work: _____

Hours/Days employed _____

Date: _____

Signature of Employer: _____