MONTGOMERY COUNTY PUBLIC SCHOOLS

Parent/Guardian Request for Student Use of Private Vehicle

Office of District Operations
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

STUDENT INFORMATION

Last Name _____ First Name _____ MCPS Student ID: _____

Address _____ Distance to School _____
(nearest tenth mile)

Birthdate ____/____/_____ Grade ____ Student's Dismissal Time ____:____ ❏ a.m./ ❏ p.m.

School Name _____ School # _____

Phone Numbers: _____-_____-_____ Emergency _____-_____-_____ Driver's License # _____

Make, Model, and Year of Vehicle	State and License Tag #	Color	Is Vehicle Insured		Name of Insurance Company	Name of Legal Owner
			Yes	**No**		

I hereby request permission for the above named student to drive a private vehicle to school. I understand that there is a non-refundable fee, payable to the school, upon approval of this request. Fees are approved by the Board of Education and paid at a rate of $37.50 per semester, $75 per year, or $25 per season, as determined by the school administrator, plus a processing fee.

Permission is requested for the following reasons _____
_____
_____

*I understand that violation of **law and/or** school regulations governing driving may cause revocation of this privilege. I further understand that owners or operators of vehicles might incur certain legal responsibilities when other persons are transported as passengers. I also understand that if I need to drive another family automobile, I will register the car in the school office in order to park it on school grounds or be subject to ticketing and/or towing at my expense.*

I agree that by typing my name and today's date below, and submitting this form by electronic mail, I am intending that the below constitutes and is the equivalent to my personal signature.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date ____/____/_____

Student Signature _____ Date ____/____/_____

TO BE COMPLETED BY SCHOOL

❏ Approved: ❏ Semester 1 ❏ Semester 2 ❏ Full Year ❏ Seasonal _____

❏ Not Approved Reason: _____
_____

Principal/Designee Printed Name _____

Principal/Designee Signature _____ Date ____/____/_____

Parking Space Number Assigned _____ Parking Permit # _____

Permit Issued By: Print Name _____ Initials _____ Date ____/____/_____