

MONTGOMERY COUNTY PUBLIC SCHOOLS

Parent Request for Student Use of Private Vehicle

Office of 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 ___
 School Name _____ Student's Dismissal Time ___:___ a.m./ p.m.
 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.

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 ___/___/___