Student Passenger Application

The applicant is seeking permission to be transported by another student to and from Lake Catholic High School sanctioned events at the discretion of the Athletic Director (No insurance coverage is available or provided by the Diocese of Cleveland or the O.C.E. to students being driven by other students).

Please Print:

Name of Student_____
(last) (first)

Grade ____ Home Phone _____ Emergency Phone _____

Permission:

I the undersigned, give my permission for my son/daughter to be transported by another student to and from school events. I agree that I will not hold the Lake Catholic High School, the Bishop of the Diocese of Cleveland, the Office of Catholic Education or their employees responsible for the actions of my son/daughter as a student passenger.

Signature of Parent/Guardian _____ Date _____

Signature of Student Passenger _____ Date _____