Student Driver Application

The Applicant is seeking permission to transport other students 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 volunteer drivers.)

Please Print:

Name of Student_____
(last) (first)

Grade ____ Home Phone _____ Emergency Phone _____

Proof of Auto Insurance:

Name of Company _____ Policy Expiration Date _____

Policy Number _____ Phone Number _____

Driving Record: Driver License # _____ Expiration Date _____

Have you had any accidents while driving? If so, please give dates and account of each incident. List any traffic violations which you have received in the past three years and any points accumulated.

_____
_____
_____

Permission:

I, the undersigned, state that all of the above information is true and I give my permission for my son/daughter to transport other students 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 driver.

_____ _____
Signature of Parent/Guardian **Date**

I, the undersigned, state that all of the above information is true and complete and that I agree to follow all the rules of Lake Catholic High School in and while transporting other students. I agree that I will not hold Lake Catholic High School, the Bishop of the Diocese of Cleveland, the Office of Catholic Education or their employees responsible for my actions as a student driver.

_____ _____ _____
Signature of Student **Date**