

# Plumstead Christian School

## Student Driving Permit

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Description of Vehicle: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_

### 2. Insurance Information:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### 3. Other Vehicles You May Drive:

Make: \_\_\_\_\_ License Plate # \_\_\_\_\_

Make: \_\_\_\_\_ License Plate # \_\_\_\_\_

4. Driver's License Number: \_\_\_\_\_

Plumstead Christian Parking Permit Number: \_\_\_\_\_

**I affirm that I have read and understand the rules and regulations of driving privileges at Plumstead Christian School. I agree to abide by these rules and regulations. I understand that if compliance is not rendered I will lose my driving privileges. I also understand that the school is not responsible for damages or theft to my vehicle that may occur while being driven or parked at the Plumstead Christian School campus.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Dean of Students

\_\_\_\_\_  
Date