



**TOWNSHIP HIGH SCHOOL
DISTRICT 214**

**STUDENT DRIVING PERMISSION FORM
UNDERSTANDING OF INSURANCE OBLIGATION**

Name of Student _____ I.D. # _____
School _____ School Year _____
Street Address _____
City _____ State _____ Zip _____
Telephone _____
Alternate Telephone _____

I, the undersigned parent/guardian, do hereby give permission for my child to drive to and from the classroom site or extra-curricular site. Furthermore, I verify that my child has automobile insurance, or is covered under my automobile insurance policy.

Parent/Guardian name – **please print**

Parent/Guardian signature

Date