



## DRIVING PERMISSION

*\*All information in the box below must be completed and all signatures must be obtained before an NCOC Administrator will sign!*

<b>DRIVER INFORMATION</b>		
LAST NAME: _____	FIRST NAME: _____	
D.O.B.: _____	NCOC PROGRAM: _____	COMPONENT SCHOOL: _____
DRIVER'S LICENSE #: _____	COPY OF LICENSE ON FILE: _____	
REASON FOR REQUEST: _____		
DATE STUDENT WILL BE DRIVING: _____		
<b>VEHICLE INFORMATION</b>		
MAKE: _____	MODEL: _____	COLOR: _____
PLATE #: _____	STATE: _____	YEAR: _____
NOTES: _____		

**I agree to the following regulations and understand any violation of these regulations will result in revocation of driving permission and/or disciplinary action:**

- 1.) *I must NOT transport any other passengers.*
- 2.) *I must adhere to all traffic regulations and rules of the road.*
- 3.) *I must park in the area designated for student parking.*
- 4.) *I must avoid the driveway when buses are loading or discharging passengers.*
- 5.) *I will retain a copy of this request in my vehicle for the effective date(s) at all times.*
- 6.) *I will follow the rules and regulations of the Student Handbook.*
- 7.) *I will not drive past buses whose red lights are flashing.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NCOC Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

HS Principal/Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

NCOC Principal/Asst. Principal: \_\_\_\_\_ Date: \_\_\_\_\_

COPY TO: NCOC - COMPONENT SCHOOL - STUDENT