



## GARDEN COUNTY SCHOOLS

***GARDEN COUNTY HIGH SCHOOL  
OFFICE OF THE PRINCIPAL***

**Adopted: 1-9-08**

### **Permission Forms**

#### **Passenger Permission Form**

Various times of the year, students may have a need to ride in a private car due to sports practices, internships, school to work experiences, cadet teaching, business partnerships and conducting assignments for the school newspaper, journalism/annual, etc...

I believe the events for which my child will travel in a privately owned vehicle are educationally valuable. So that my child may take part in these events, I am giving him/her permission to ride in a privately owned vehicle driven by a properly licensed student, staff member, or non-staff member within the confines of Nebraska State Law.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_



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## Permit to Drive Form

So that my child may take part in off-campus educational opportunities offered by the district, I am permitting him/her to drive his/her vehicle to and from the appropriate location(s). I certify that the vehicle is insured and that my child can be expected to drive in a responsible manner. I agree that the district will not be held responsible for any accidents or traffic violation(s) that may occur.

School year to which this applies: 20\_\_\_\_\_ through 20\_\_\_\_\_.

Driver's Name: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Has the driver been in an accident or ticketed for a moving violation in the past year? ☐ Yes ☐ No

### Vehicle Information:

Vehicle #1 Make: _____	Model: _____	Year: _____
Vehicle License # _____	Insurance Co. _____	
Vehicle #2 1 Make: _____	Model: _____	Year: _____
Vehicle License # _____	Insurance Co. _____	

Student drivers are responsible for updating this form in regards to pertinent driver and vehicle information. This form is good for one school year only.

Signature of Parent/Guardian: \_\_\_\_\_

\*\*\*\*\* School Use Only\*\*\*\*\*

Signature of Administrator: \_\_\_\_\_ Date Approved: \_\_\_\_\_