

APPLICATION TO DRIVE VEHICLES ON SCHOOL PROPERTY

**Licking Valley Local School District
Licking Valley High School
100 Hainsview Dr. N.E.
Newark, OH 43055, 763-3721**

NAME OF STUDENT DRIVER _____
(Last) (First) (Middle)

ADDRESS _____
(Street No.) (City) (Zip)

GRADE _____

HOME PHONE _____ PARENT'S WORK PHONE _____

DRIVER'S LICENSE# _____ EXPIRATION DATE _____

PARENT/GUARDIAN _____
ADDRESS _____
(Street No.) (City) (Zip)

VEHICLE NO. #1 - LICENSE No. of VEHICLE _____

(Make) (Year) (Color)

VEHICLE NO. #2 - LICENSE No. of VEHICLE _____

(Make) (Year) (Color)

NAME AND ADDRESS OF INSURANCE COMPANY _____

PHONE NO. _____
TYPE OF COVERAGE _____ Policy #: _____

I hereby authorize my son/daughter to drive the above described vehicle(s) to and from School and verify that the information on this form is accurate to the best of my knowledge.

I also understand that if it is determined the driving privilege has been abused, his/her driving permit will be revoked by the school administration.

In connection with this request, I consent to the unlocking, opening, and inspecting of the automobile and its contents while on school premises, based on the reasonable suspicion of a school administrator that the vehicle or its contents may violate law or school rules.

EXCESSIVE TARDINESS, TRUANCY, SKIPPING CLASS, AND OTHER INFRACTIONS ARE GROUNDS FOR REVOKING A STUDENT'S DRIVING PRIVILEGE. THIS WILL REQUIRE THE STUDENT TO RIDE THE SCHOOL BUS OR TO ARRANGE ALTERNATE TRANSPORTATION.

Parent/Guardian Signature
Student Signature

PERMIT NUMBER _____

_____ **\$15.00 Jr/Sr – 2023-2024 School year**
_____ **\$5.00 Soph. – 2023-2024 School year**
_____ **\$10.00 Renaissance Card Holder**
_____ **\$0 Renaissance Gold Card**
***Renaissance Gold/Discounted passes
are determined using final grade calculations
from the 22-23 school year**