**APPLICATION FOR PERMISSION**

**TO DRIVE TO CCATC 2020-2021**

Your son or daughter will be participating in classes at the Carroll County ATC, iLead, or JCTC. This permission slip is to allow your student(s) the opportunity to travel using his/her own vehicle. (Note: Proof of driver’s license and insurance is required). This permission slip must be signed by the High School Principal; ATC or iLead Principal, and Parent/Guardian **prior** to driving. \*\*\***NO ONE IS TO RIDE TO OR FROM CCATC, iLEAD, OR JCTC WITH THE STUDENT. \*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student:** |  | **Date:** |  |
|  | | | |
| **Date of Birth:** |  | **Age:** |  |
|  | | | |
| **Grade:** |  | | |
|  | | | |
| **Color/Make of Vehicle:** |  | | |
|  | | | |
| **License Plate Number:** |  | | |

**Copies of the following are attached:**

Driver’s License

Vehicle Registration

Proof of Insurance Coverage

I hereby apply for permission to drive to and from CCATC, iLead, and/or JCTC. I understand that;

* I am to drive carefully and sensibly at all times
* My permission to drive to and from CCATC, iLead, and/or JCTC may be withdrawn if I am observed driving in an unsafe manner at any time.
* I must abide by local driving laws (i.e. seat belt, cell phone, etc.)
* Any other passengers will have written permission from their parents and the Principal

**Signature of Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT:**

I give my child permission to drive to and from CCATC, iLead, and/or JCTC under the conditions listed above. I further confirm that any vehicle he or she drives is legally registered and properly insured.

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

**Name (Please Print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINCIPALS:**

Permission is granted to the above-named student to drive to and from CCATC, iLead, and/or JCTC for the 2020-2021 school year subject to the conditions listed above.

**GCHS Principal:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CCATC or iLead Principal:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_