

WEST-MONT CHRISTIAN ACADEMY
Student Driver Permission Slip

As a student driver of my own vehicle, I give _____ permission to drive to/from _____
(Student's name)
_____ on/during _____
(Name of activity) (Dates or Time Periods)

I also give my consent for the following passengers to ride in this vehicle to this event:

I understand that the parent of any student passenger in this vehicle will also give written permission.

I recognize that any damage to my vehicle as a result of my son/daughter driving to/from school activities will be my responsibility and I will not hold the school liable for any reimbursement for any such damage. I attest to the fact that I have valid liability insurance for the passengers in my vehicle (as per the Pennsylvania State minimum requirements.) Further, I understand that the school's liability insurance covers bodily injury over and above my own vehicle insurance.

I will require seatbelts be used by all passengers and will expect a respectable, Christ-honoring environment within my vehicle during the field trip/activity.

Parent/Guardian Signature _____ Date ____/____/____
Parent's Name in Print _____

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