

NATRONA COUNTY SCHOOL DISTRICT #1
PARENTAL PERMISSION TO USE PRIVATE VEHICLE

The requested information below is required by the school District before private vehicles transport school students to and from school activities.

PLEASE NOTE - DRIVER'S INSURANCE IS THE PRIMARY COVERAGE.

School year _____

I give permission for _____ to drive a private
(Student Driver's First/Last Name)

vehicle (____with passengers) (____without passengers) to and from school sponsored activities.

Designated driver of vehicle _____
(First / Last Name)

Driver's License # _____

Description of vehicle _____
(Year) (Make) (Model)

License Plate # of vehicle _____ State _____

Owner(s) of vehicle _____
(First/Last name or names)

Owner's address _____
(Complete address)

Owner's signature _____

_____ YES, I will comply the State Statute concerning the use of seat belts in my vehicle.

Driver's Signature _____