

Fayetteville Street Christian School

Student Driver Permission Slip

(Please print and return to the office)

School Year _____ Grade _____

Student Name _____

Parent Signature _____ Date _____

Administrator Signature _____ Date _____

This permit will expire the last day of current school year.

Car License Number _____

Type of Vehicle _____

Vehicle Color _____

I understand the school policy on student drivers and will obey said policy. I understand that any unsafe driving on school property will cease my student driving privilege.

Student Signature _____ Date _____