



Genoa Christian Academy Student Driver Permission Form

Name of Student

Grade

Has my permission to drive to and from Genoa Christian Academy. I understand my child's driver's license and proof of Insurance will be photocopied and kept on file in the school office. If changes to this form need to be made during the school year, I will notify the school.

Parent Signature

Date

I understand my responsibility to enter and exit the parking lot in an orderly manner at no more than 10 miles per hour, and to be at my vehicle only at authorized times.

Student Signature

Date

Make of Vehicle _____ Color of Vehicle _____

License Plate Number _____

(For office use only) Copy of:

____ Driver's License ____ Proof of Insurance