

**Sherwood High School
MONTGOMERY COUNTY PUBLIC SCHOOLS
Sandy Spring, Maryland 20860**

**PARENT REQUEST FOR STUDENT USE
OF PRIVATE VEHICLE**

Student _____ Birthdate ____/____/____ Grade ____
Last First MI

Address _____ Distance to School _____
(nearest tenth mile)

School Name _____ Homeroom # _____ Student's Dismissal Time ____:____

Phone: Home ____-____-____ Emergency ____-____-____ Driver's Permit # _____

Vehicle Information

Make of Vehicle Model and Year	State and License Tag #	Color	Vehicles Insured		Name of Insurance Company	Name of Legal Owner
			Yes	No		

I hereby request permission for the above named student to drive a private vehicle to school. I understand that there is a non-refundable fee of \$75.00 per year, or \$37.50 for the second semester, payable to the school, upon approval of this request.

Permission is requested for the following reasons _____

*I understand that violation of **law and/or** school regulations governing driving may cause revocation of this privilege. If privileges are revoked the parking fees are also forfeited. I further understand that owners or operators of vehicles might incur certain legal responsibilities when other persons are transported as passengers. I also understand that if I need to drive another family automobile, I will register the car in the school office in order to park it on school grounds or be subject to ticketing and/or towing at my expense.*

Parent'/Guardian's

Home Address _____
(If different from student) Street City State Zip Phone

Parent'/Guardian's

Business Address _____
Street City State Zip Phone

_____/____/____ _____/____/____
Signature, Parent/Guardian Date Signature, Student Date

TO BE COMPLETED BY SCHOOL

Approved: Occasionally Seasonal Daily

Not Approved Reason _____

_____/____/____
Signature, Principal Date

Vehicle Tag # _____ Parking Permit Number _____

Parking Space Number Assigned _____

Fee Paid: Cash Check _____/____/____
Initials Date