

**Office of the Chief Operating Officer  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850**

**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, payable to the school, upon approval of this request. Fees are approved by the Board of Education and paid at a rate of \$37.50 per semester, \$75 per year, or \$25 per season, as determined by the school administrator.*

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:  Semester 1  Semester 2  Full Year  Seasonal \_\_\_\_\_

Not Approved Reason: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Principal Date

Amount Paid \$ \_\_\_\_\_  Cash  Credit Card  Check No: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Date

Parking Space Number Assigned \_\_\_\_\_ Parking Permit # \_\_\_\_\_

Permit Issued By: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Print Name Initials Date