

Parent/Guardian Request for Student Use of Private VehicleOffice of District Operations
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**STUDENT INFORMATION**

Last Name _____ First Name _____ MCPS Student ID: _____

Address _____ Distance to School _____
(nearest tenth mile)

Birthdate ____/____/____ Grade ____ Student's Dismissal Time ____:____ ☐ a.m./ ☐ p.m.

School Name _____ School # _____

Phone Numbers: ____-____-____ Emergency ____-____-____ Driver's License # _____

Make, Model, and Year of Vehicle	State and License Tag #	Color	Is Vehicle 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 semester~~, as determined by the school administrator, plus a processing fee. *Full year \$78.00 (includes Processing Fees)
Permission is requested for the following reasons _____ *Second semester (Jan 30th) \$39.00 (includes Processing Fees)

I understand that violation of **law and/or** school regulations governing driving may cause revocation of this privilege. 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.

I agree that by typing my name and today's date below, and submitting this form by electronic mail, I am intending that the below constitutes and is the equivalent to my personal signature.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date ____/____/____

Student Signature _____ Date ____/____/____

TO BE COMPLETED BY SCHOOL

☐ Approved: ☐ Semester 1 ☐ Semester 2 ☐ Full Year ☐ Seasonal _____

☐ Not Approved Reason: _____

Principal/Designee Printed Name _____

Principal/Designee Signature _____ Date ____/____/____

Parking Space Number Assigned _____ Parking Permit # _____

Permit Issued By: Print Name _____ Initials ____ Date ____/____/____