

**CRAWFORD COUNTY CAREER & TECHNICAL CENTER
REQUEST FOR DRIVING PASS AND PARKING PERMIT**

This request must be filed with the Principal/Assistant Director prior to any student driving to school.

Student's Name: _____ Session: _____

Sending School: _____ Training Area: _____

Reason for Driving: _____

Employer: _____ Contact Person: _____ Phone #: _____

Hours of Employment: From: _____ To: _____

Extra Curricular Activity (circle): Sports Band Other _____ Date of Activity: From: _____ To: _____

Type of Vehicle: _____

Make: _____ Model: _____

Year: _____ Color: _____ License Plate #: _____

Car Insurance Co: _____ Policy #: _____

STUDENT AGREEMENT

1. Driving/parking permits cost **\$20**. The fee will not be reimbursed if the permit is revoked.
2. I will park my vehicle promptly upon arrival at Crawford Tech and immediately enter the school.
3. I will maintain at least a "C" Grade Point Average in order to be permitted to drive to Crawford Tech.
4. **I will not carry passengers or allow other students in my vehicle before or after the school session unless their names are listed on the pass and are approved by the school administration.**
5. I will display my parking permit so that it is clearly visible through the front windshield.
6. I will obey all speed limits and traffic signs on school grounds.
7. **I will drive directly from my high school to Crawford Tech and back, or to my final destination without stopping for lunch or to shop.**
8. I will not leave the school parking lot at the end of the session until the buses have departed.
9. I will return my parking permit to Crawford Tech's office if the circumstance that created the need to drive changes at any time during the school year.
10. I understand that violation of these rules will result in disciplinary action and suspension of driving privileges.

Student's Signature

Date



PARENTAL/GUARDIAN CONSENT AND CERTIFICATION OF NEED TO DRIVE

I hereby give my consent to permit _____ to drive to school and certify that any occasion of his/her driving is one of necessity. I have read the Student Agreement and will share the responsibility for compliance.

Signature of Parent/Guardian

Date

Sending School Principal's Approval

Date

Crawford Tech Principal/Assistant Director's Approval

Date

Paid _____
8/2023

Parking Permit Number _____