

# MONTGOMERY COUNTY PUBLIC SCHOOLS

## Parent Request for Student Use of Private Vehicle

Office 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 season, as determined by the school administrator, plus a processing fee.*

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. 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 \_\_\_/\_\_\_/\_\_\_