



# Student Driver/Passenger Permission Form

## Driver Permission

I understand that my child will be driving a personal vehicle to and from the Lancaster County Career & Technology Center. I understand that my child will not have adult supervision while transporting himself/herself and may not have other student passengers unless approved by me and CTC administration. I represent that my child's vehicle carries the minimum amount of insurance required by law. I have read JOC Policy #223 with my child and understand the student driving policy (as per the LCCTC Student Handbook) and its limitations. I am aware of and approve the following student to travel as a passenger in my child's vehicle for the purpose of traveling to and from the Lancaster County Career & Technology Center.

Name of Student Passenger \_\_\_\_\_

Name of Student Driver \_\_\_\_\_ Age \_\_\_\_\_

Student Driver's CTC Program \_\_\_\_\_

**Driver's Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**H.S. Administrator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Passenger Permission

I understand that my child will be traveling as a passenger to and from the Lancaster County Career & Technology Center in a vehicle operated by the following student. I understand that my child will not have adult supervision while traveling to and from the LCCTC and have read JOC policy #223 with my child and understand the policy and its limitations. I am aware of and approve the following student to transport my child for the purpose of traveling to and from the Lancaster County Career & Technology Center.

Name of Student Driver \_\_\_\_\_

Name of Student Passenger \_\_\_\_\_ Age \_\_\_\_\_

Student Passenger's CTC Program \_\_\_\_\_

**Passenger's Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**H.S. Administrator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CTC Administrator Signature** \_\_\_\_\_ **Date Approved** \_\_\_\_\_

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