



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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