

**CROSSPOINT CHRISTIAN SCHOOL**  
**Student Driver Form**

Name on Driver's License \_\_\_\_\_

Issuing State: \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Ins. Policy # \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_

Liability Coverage: Bodily injury per person \$ \_\_\_\_\_

Bodily injury all occupants \$ \_\_\_\_\_

Property Damage \$ \_\_\_\_\_

Agent \_\_\_\_\_ Phone # \_\_\_\_\_

List cars that may be driven by student:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>License #</u>
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Other students this driver has permission to transport to and from school or off-campus activities:


**Certification** I hereby acknowledge that all of the information contained in this document is true, and that if any of this information should change, I will notify the school office within 2 school days or else forfeit the student's driving privileges.

I acknowledge that both parent and student have read the section on Student Driving and Parking in the current Parent/Student Handbook and agree to obey its terms.

I agree that where the school has acted in good faith to comply with its student driving policies, the school shall not be held liable for any accident or injury to the student or vehicle under the student's supervision. I expressly waive any and all liability as might otherwise exist.

Students riding in my vehicle will be seated and wearing a working seatbelt at all times. An appropriate child safety seat will be used as required by state law.

To my knowledge, my vehicle is in safe operating condition.

I affirm that I will carefully transport other students under my care, obeying all traffic laws.

\_\_\_\_\_  
Student Driver

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date Signed