

KENT PUBLIC SCHOOLS
School District No. 415, King County
Kent, Washington

STUDENT PRIVATE TRANSPORTATION PERMISSION FORM

_____ has permission to: Drive*
Student Name Ride
 Drive*and Ride

from: _____ to: _____

and return on the following date(s): _____.

_____ does / does not have permission to
Student Name

carry other student passengers in compliance with the Washington State intermediate licensing requirements in the vehicle listed below:

***Note: All student drivers must submit district form
DF-17-00 (Volunteer Driver Screening - Affidavit of Insurance)**

VEHICLE INFORMATION:

Make of vehicle: _____ Model: _____

Year of vehicle: _____ License No.: _____

Registered owner of vehicle: _____

Name of Policyholder: _____

Effective dates of policy: From: _____ to: _____

Signature below acknowledges understanding and compliance with the information listed above.

Student Driver/Rider Parent of Student Driver/Rider

Distribution:
White: Building Athletic Director
Canary: Coach