

# ST. JOHN THE BAPTIST DIOCESAN HIGH SCHOOL

1170 MONTAUK HIGHWAY • WEST ISLIP, NEW YORK 11795-4959

(631) 587-8000 FAX (631) 587-8996

## REQUEST FOR PERMISSION TO DRIVE TO SCHOOL 2021-2022

**This form must be returned in a sealed envelope to Mrs. Sloane in the Main Office with a photocopy of your driver's license and a check or money order made out to St. John's for \$200.**

Student Name \_\_\_\_\_ Advisory \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Make of car \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_

### **Please complete the following information:**

I do not receive transportation from my district. Circle: YES NO Name of School District \_\_\_\_\_

If you wish your child permission to transport passengers (including siblings) please check here. Circle: YES NO

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**I have carefully reviewed the Remote Driving to School Presentation and I agree to abide by its provisions. I agree to comply with all driving regulations as well as attendance requirements. By signing below, I agree to uphold all the rules and regulations set down by St. John the Baptist D.H.S. I also agree not to leave the parking lot prior to 2:50PM each day.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: Fee Paid: Circle MONEY ORDER CHECK NUMBER: \_\_\_\_\_