

Student Driver Request Form The Frankfort Christian Academy

This is a form for students who wish to transport themselves and/or another student off campus to and from college classes or events.

Name of Student: _____
Name of Parents: _____
Semester applying for: _____
College attending: _____
Driver: _____
Rider(s): _____
Rider(s): _____
Driver's insurance company: _____
Name Policy is in/Responsible Party: _____
Policy liability limitations: _____
(Please attach a copy of your insurance card or policy with financial limits)
Date Policy is effective: _____

I give permission for my son/daughter _____ to
(name of student)
transport _____ to and from college classes.
(name of student(s))

I realize that any and all liability will be placed on my student and the insurance coverage provided.

Parent signature: _____
Notarized by: _____ Date: _____
Commission expires: _____

I agree The Frankfort Christian Academy is not responsible for any injuries/accidents that may occur while my son/daughter _____
(name of student)
is riding to/from classes with _____.
(name of student driver)

I understand the policy limitations of the driver's insurance. I give permission for my son/daughter _____ to ride with the above mentioned driver.
(name of student)

Parent signature: _____
Notarized by: _____ Date: _____