



Student Driver Request Form

This is a form for students who wish to transport themselves to and from The Frankfort Christian Academy

Name of Student: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

School Year: \_\_\_\_\_

Driver: \_\_\_\_\_

Additional 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 \_\_\_\_\_ understand that driving to and from The Frankfort Christian Academy is a privilege that can be taken away if not behaving appropriately.

I give permission for my son/daughter to transport themselves and students listed above to and from The Frankfort Christian Academy. I realize that (name of student(s)) any and all liability will be placed on my student and the insurance coverage provided.

Parent signature: \_\_\_\_\_