

ST. THOMAS AQUINAS HIGH SCHOOL

STUDENT DRIVER APPLICATION

THE APPLICANT IS SEEKING PERMISSION TO TRANSPORT OTHER STUDENTS TO AND FROM SCHOOL SANCTIONED EVENTS AT THE DIRECTION OF THE ATHLETIC DIRECTOR/ ADMINISTRATOR (No insurance coverage is available or provided by the Diocese of Youngstown to volunteer drivers.)

Name of Student (please print): _____

Grade: _____ Home Phone: _____ Emergency Phone: _____

Proof of Auto Insurance

Name of Company: _____ Policy Expiration Date: _____

Policy Number: _____ Phone Number: _____

Driving Record

Driver License Number: _____ Expiration Date: _____

Have you had any accidents while driving? If so, please give dates and an account of each incident. List any traffic violations which have you have received in the past three years and any points accumulated.

Permission:

I, the undersigned, state that all the above information is true and I give my permission for my son/daughter to transport other students to and from school events. I agree that I will not hold the school, the Bishop of the Diocese of Youngstown, the Department of Pastoral and Educational Services, or their employees responsible for the actions of my son/daughter as a student driver.

Signature of Parent/Guardian:

Date