



Driving Permit Form for Students Under the Age of 18 Years Old for the _____ School Year

Student Name: _____

Understand that driving to Elkhorn Crossing is a privilege that can be revoked at ANY TIME.

1. Available ONLY to students who have parental permission.
2. Exit from the vehicle immediately after parking and enter the building immediately.
3. The doors at ECS will open at 7:15 a.m.
4. All morning students must be in the building at ECS by 8:45 am.
5. All afternoon students must be in the building at ECS by 12:15 pm.
6. No smoking/loitering in the vehicle, on school grounds, or in the parking lot.
7. Student drivers must present a valid KY Drivers License, a copy of their insurance card which will be copied and placed on file, & a KY License Plate.
8. Obey all Commonwealth of Kentucky driving laws and regulations.
9. Poor attendance and/or tardiness may result in the revocation of the driving permit.
10. Violation of any Scott County High School/Elkhorn Crossing School Code of Conduct may result in loss of driving privileges.
11. No drivers are allowed to drive in the school bus lane.
12. All drivers must yield to school buses.

I, _____, have read and understand the conditions set forth for driving to and from Elkhorn Crossing School property. I, the undersigned, also understand that I alone am responsible for the safe and legal operation and maintenance of the automobile registered for driving to Elkhorn Crossing School. I understand that Elkhorn Crossing School is not responsible for any damage or theft to my vehicle.

I understand these conditions and approve of all the driving regulations. I understand that Scott County Schools provides transportation for the Elkhorn Crossing School and student driving is a privilege. As the Parent or Guardian of the above-mentioned student, I in no way hold Scott County Public Schools or Elkhorn Crossing School responsible for the welfare of this student while driving.

Parent / Guardian / Custodian Signature: _____

Print Name: _____

Relationship to Applicant: _____ Work Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Make and Model of Vehicle: _____ License Plate Number: _____ Color: _____

Elkhorn Crossing Village: _____ Morning Student ____ or Afternoon Student ____

Student Signature: _____ Date of Birth: _____ Age: _____
Month Day Year

COMMONWEALTH OF KENTUCKY

(This will be notarized by Ms. Mingua at ECS.)

COUNTY OF _____

Subscribed and sworn to before me by _____, on this the _____ day of _____, 20____.

My Commission expires _____, 20____.

NOTARY PUBLIC

Permit Tag Number: _____ (Issued by Elkhorn Crossing Principal)

Elkhorn Crossing School Principal (or designee) Signature: _____ Date: _____

COST: \$10