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**PERMISSION TO DRIVE**

**If your child plans on driving to CCS this school year, this form must be returned to CCS.**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Make & Model of Vehicle Driving: \_\_\_\_\_

Owner of Vehicle: \_\_\_\_\_

License #: \_\_\_\_\_

The following forms must be attached:

1. Copy of Insurance Card
2. Copy of Driver's License.

***Signature of parent or guardian verifies that he/she is willing to be responsible for the student driver's actions and will cooperate with the school in its efforts to ensure the safety of all students.***

***I absolve CCS of any liability to me or my child due to injury and/or death sustained due to driving on or off of campus.***

Parent or Guardian's Signature: \_\_\_\_\_