

GREENWICH CENTRAL SCHOOL

Work Experience Program -- *Career Internship Experience*

10 Gray Avenue

Greenwich, NY 12834

Phone: 518-692-9542, ext 5912 Fax: 518-692-9547 Email: blee@greenwichcsd.org

'School-Business-Community - Working Together for the Future'

STUDENT DRIVING PERMIT

Directions to Student: Fill out completely. Have your parent or guardian, Work Experience Coordinator and Principal sign it. Permission for a student to drive to a Work Experience site will be determined by school driving policies.

YOU CANNOT DRIVE UNTIL THIS FORM IS SIGNED BY YOUR PARENT OR GUARDIAN, THE WORK EXPERIENCE COORDINATOR, AND THE SCHOOL PRINCIPAL.

Name: _____ Driver's License Number: _____

Work Experience Function: (Circle One) *Daily Internship* *One Day Job Shadow*

License Plate Number: _____ Vehicle ID: _____
Year Make Model Color

Authorization to drive a vehicle for Work Experience does not authorize passengers to ride in the vehicle. A violation of this will result in a possible suspension and denial of any future driving privileges. If you receive all of the required approvals, you must follow the Regulations listed below:

1. Must possess a valid operator's license.
2. No passengers are allowed to be transported in vehicles driven by secondary students.
3. Driving is a privilege, which can be revoked if violations occurs.

Student's Signature: _____ Date: _____

Acknowledgement of Request Signatures

- | | |
|--|---|
| 1. _____
School Principal | 3. _____
Work Experience Coordinator |
| 2. _____
Parent/Guardian | |

***** No Rider Allowed Under Any Circumstances *****