Peninsula Catholic High School Student Rider Form

(Required of any student riding with another student or with a parent.)

Activity	Destination	Destination	
Date(s)	Start time	End time	
Name of Student Rider	Signature of Advisor/Teacher/Coach		
^^^^^^		^^^^^^	
Parent: Please Fill in the blanks in this sec	ction		
FROM THE PARENT: I hereby give my permission for			
, , , ,	Name of Student Rider		
to participate in an activity and to trave	el to and from the activ	rity by private automobile driven by:	
Student Driver's Name OR Parent Driv	ver Name, Phone #		
For Student Drivers: I understand that no more than one pa may ride with a driver under the age o this trip or activity.			
Date			
Signature of Parent or Guardian			

For the 20-21 School Year and for the safety of our students, only one passenger may ride with a student driver. For parent drivers with larger vehicles, please limit capacity so that students are seated no less than 3 feet away from each other.

Peninsula Catholic High School Student Driver Form (Required for students driving other students.)

TO THE PARENT: Your son/daughter has the opportunity to participate in an activity for which Peninsula Catholic High School is offering limited transportation or the student who has a valid license and is requesting permission to drive to the activity. This trip has been planned carefully and the school is attempting to use prudent judgment in all matters related to the trip. Students have been instructed about the general route to the destination. Students will be under my general supervision ONLY while engaging in the activity listed below.

Advisor/Teacher/Coach: Fill in the blanks in this section Start time End time Activity Signature of Advisor/Teacher/Coach Date(s) Name of Student Driver FROM THE PARENT of the Student Driver: I hereby give my permission for (student name) ______to drive and participate in an activity which involves transportation by private automobile and during which activity my son/daughter may or may not be transporting other students. I certify that the above-named student does hold a valid Virginia State Driver's License. I understand that no more than one passenger under the age of 18 and unrelated to the driver may ride with a driver under the age of 18 who holds a License issued at least one year prior to this trip or activity. I also assert that the vehicle the student will be driving is covered by an insurance policy. I further understand that any insurance carried by Peninsula Catholic High School only and does not apply to the student's vehicle and that Peninsula Catholic High School carries no comprehensive of collision coverage on private vehicles; neither is the school responsible for any damage done to private vehicles used for activities. Insurance Company _____ Issue Date of Student's Driver's License Signature of Parent or Guardian of Student Driver Date