

Student Permission to Drive to Dearborn Heights Campus

Student Name: _____ Student Number: _____

High School (circle one) : **Dearborn** **Edsel** **Fordson** **Magnet**

Vehicle Information:

Make: _____ Model: _____ Color: _____

License Plate Number: _____

Attach a photocopy of each of these documents:

Valid Driver's License. Driver's License Number: _____

Valid Car Insurance Policy. Carrier: _____ Policy Number: _____

*Students without a valid driver's license and a valid car insurance policy may not drive to the Dearborn Heights Campus. Students in violation of this policy will be referred to the Dearborn Police Department Liaison Office for enforcement.

Students must initial each of the items below and agree to follow these expectations.

____ I will only drive myself and members of my immediate family (siblings) to the Dearborn Heights Campus. Due to COVID restrictions, students may NOT transport their friends and other students in personal vehicles this year.

____ I will drive directly between school buildings

____ I will obey all traffic laws

____ I will drive safely and slowly in the parking lot

____ I will park only in designated areas

____ I will not fool around with other cars or pedestrians

____ I will not leave the building between classes to visit my car

____ I will be on time to all of my classes

(*four tardies to 1st or 4th hours will result in automatic suspension of driving privileges).

There are DPS busses available for transportation between schools and it is a privilege for students to drive to the Dearborn Heights campus during the school day. Loss of driving privilege will result in students being required to ride the bus or have a parent drop them off.

By signing below, I agree to follow all the expectations above and acknowledge that failure to follow these guidelines will result in loss of driving privileges

Student Name (Print): _____ Signature: _____ Date: __/__/__

By signing this form, I give permission for my child to drive to and from the Dearborn Heights Campus. I agree that my student must follow all the expectations outlined above, and that failure to abide by any part of this agreement will lead to revocation of driving privilege and students will be required to ride the district provided bus to/from the Dearborn Heights Campus or be given a ride by their parent/guardian.

Parent Name (Print): _____ Signature: _____ Date: __/__/__

For Office Use Only:

Parking Tag # _____ Issued By: _____ Date: __/__/__