

Senior Privilege Program Permission Form

The undersigned is Parent(s)/Guardian of the student _____ (the "Student"). By my signature below I/we grant permission for the Student to participate in the privileges identified below by my/our initials:

Parking On Campus:

_____ I/we give the Student permission to drive to and from School and park on the campus. I/we agree that the Student may drive off campus during the school day for illness or authorized appointments. I/we confirm that the Student is covered by an insurance plan that provides coverage in the case of damage or injury caused by the Student. Attached is a copy of the certification of completion of a mandatory defensive driving course by our Student.

PRIMARY CAR MAKE: _____ License Plate _____

Color: _____ Model: _____ Year: _____

SECONDARY CAR MAKE: _____ License Plate # _____

Color: _____ Model: _____ Year: _____

Leaving Campus During Lunch:

_____ I/we give the Student permission to walk off of campus for lunch.

By my/our signature below, I/we confirm that I/we have read the Senior Privilege Program (the "Program") policy attached to this permission form and agree to the terms, conditions and obligations as outlined in the policy and further agree to review the rules and procedures as outlined in the policy with the Student. I/we agree that participation in the Program is a privilege and not a right and the Student must comply with the provisions of the Program in order to participate. Failure to comply with the policy may result in suspension or revocation of the Student's privileges. I/we further understand and agree that violations of the policy may result in additional disciplinary action up to and including removal from school. I/we agree and acknowledge that participation in the Program is solely and exclusively the decision of the School and I/we will support the School and enforce the provisions of the policy.

I/we understand that transportation of all students is a family's responsibility. I/we assume all risks of harm arising out of actions by the Student. I/we hereby release Friends Academy from any and all claims, liabilities, demands, actions, causes of action, expenses and attorney's fees, whether for negligence or otherwise, and/or for personal injury, property damage or otherwise, arising directly or indirectly out of the Student's participation in the Program.

Name of Parent/Guardian

Date

Name of Parent/Guardian

Date

I agree to comply with the rules and regulations as outlined in the Student Privilege Permission Policy. I understand and agree that participation in the Program is a privilege and not a right and that if I violate the rules of the policy my privileges may be suspended or revoked and I may be subject to further disciplinary action.

Student

Date