

## Sandia View Academy Student Automobile Registration

STUDENT'S NAME \_\_\_\_\_

License Plate Number	
Color, Make and Model	
Insurance Company	
Parking Spot # _____	
Driver's License #	

- ☐ Permit License (Must drive with licensed driver over 21)
- ☐ Provisional License
  - o Unlimited family members,
  - o **Only allowed to drive with 1 non-family passenger**
- ☐ UNRESTRICTED LICENSE
- ☐ Obtained copy of student's Driver's License
- ☐ Obtained copy of Insurance Card

### VEHICLE CAMPUS POLICY

All students who are 16 or older are eligible to request having a car/truck on campus. No vehicles are to be brought on campus **prior** to being processed through the Office. **Individuals violating this may forfeit their opportunity to have a car on campus.**

To register a car, a student should do the following:

- Submit a copy of their driver's license
- Submit a copy of the insurance card for the car or vehicle they will be driving and parking on our campus. (Must show proof of student being insured on policy)
- Be assigned a parking space. The cars are expected to be parked in the assigned spot.

**Student Permission to Transport Other Students Off Campus**

In order for a student to be able to transport **other** SVA students off campus from the academy, parent/guardian permissions must be in writing to the Office.

**My STUDENT** \_\_\_\_\_,

Has a **PROVISIONAL or FULL UNRESTRICTED LICENSE** and is an **INSURED DRIVER**. I give said student above permission to drive the following students listed below, **Off Campus from school**. We are aware and agree that *transporting students not of the same household directly between **two** school activities is **prohibited** due to SDA insurance policies.*

Please list the names and relationships of those with whom you will allow your student to drive off campus.

<u>Name</u>	<u>Relation to Student</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	

List any person(s) with whom we should be aware that the student **MAY NOT DRIVE OFF CAMPUS**:

<u>Name</u>	<u>Relation to Student</u>
1.	
2.	
3.	

I agree to abide by the Motor Vehicle regulations of Sandia View Academy.

Print Student Name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

The above named student has my permission to operate the vehicle mentioned, in accordance with Sandia View Academy regulations. I release Sandia View Academy from any liability incurred during the course of the trip either to or from school should any physical or personal injury result. I further realize that this privilege may be withdrawn by the administration at any time they feel a violation has occurred or that it would be in the best interest of the student.

Print Parent Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_