



STUDENT DRIVER AUTHORIZATION

Student Name

Age

Grade

Copy of Driver's License Provided _____ Copy of Insurance Card Provided _____

\$20.00 Parking Fee Provided (Checks Payable to RLCA) _____

My child, _____, has my permission to drive to and from Real Life Christian Academy this school year of 2019-2020 and agrees to maintain a minimum grade point average of 2.5 for each of the two school semesters. My child understands that failure to follow parking rules, mischief in the parking area, or failure to maintain a 2.5-grade point average could result in the revocation of their parking pass.

I give permission for my child to transport other students to and from school.

_____ Yes _____ No

- **PLEASE NOTE:** Any student riding with another student, must have written permission from their parent or guardian on file before being allowed to ride with a student driver.

Automobile Information:

Color: _____ Year: _____ Make: _____ Model: _____

License Plate Info: State: _____ Number: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date