

PARENTAL PERMISSION ---CAR TRAVEL, OVERNIGHT/WEEKEND VISITS, VEHICLE USAGE - 2019-2020

STUDENT NAME _____

Parents, please initial in front of permissions you wish to grant.

PARENTAL PERMISSION RELATING TO SCHOOL SPONSORED ACTIVITIES IN SCHOOL VEHICLES

_____ My son/daughter has permission to travel in vehicles for school sponsored activities, such as, but not limited to sporting events, drama, band, choir, academic team, or math team contests. Also included are school-time field trips, health related travel, the airport, bus station or train station and recruitment trips.

PARENTAL PERMISSION RELATING TO CAR TRAVEL (All students fill out.)

My son/daughter has permission to:

- _____ Travel in vehicles driven by a Saint Paul student.
- _____ Travel in vehicles driven by other teenagers (not Saint Paul students).
- _____ Travel in vehicles driven by an adult (not a Saint Paul parent).
- _____ Travel on motor bikes/cycles, three or four wheel all-terrain.
- _____ Permission restricted to the following:
 - 1) _____
 - 2) _____
- _____ Unrestricted travel.
- _____ I want my son/daughter to get permission from me before traveling in vehicles

PARENTAL PERMISSION RELATING TO OVERNIGHT/WEEKEND VISITS (All students fill out.)

My son/daughter has permission to:

Spend the night or weekend at another's home:

- _____ Permission restricted to the following homes:
 - 1) Name/Phone _____
 - 2) Name/Phone _____
- _____ No restrictions.

May bring a classmate to our home to stay overnight.

- _____ Permission restricted to the following classmates:
 - 1) Name/Phone _____
 - 2) Name/Phone _____
- _____ No restrictions.
- _____ I want my son/daughter to get permission from me before spending the night in another's home.

PARENTAL PERMISSION RELATING TO MOTOR VEHICLE USAGE (For juniors and seniors only.)

- Level I: _____ May use personal vehicle other than going to and from home.
For seniors only if Level I is checked.
 - _____ Weekend only.
 - _____ Weekend and week days
- Level II: _____ Allow other licensed drivers to operate personal vehicle.
 - _____ No restrictions.
 - _____ Permission restricted to the following persons:
 - 1) Name/Phone _____
 - 2) Name/Phone _____
- Level III: _____ Allow our student to operate a motor vehicle owned by others.
 - _____ No restrictions.
 - _____ Permission is limited to the following:
 - 1) Name/Phone _____
 - 2) Name/Phone _____

PLEASE NOTE: WE RESERVE THE RIGHT TO MAKE DECISIONS DEEMED IN THE BEST INTEREST OF SAINT PAUL AND YOUR STUDENT WHICH MAY LIMIT PARENTAL PERMISSION.

Parent/Guardian Signature _____ **Date** _____

Parent Phone Number _____

Parent Email _____

Please return this form to: Student Personnel Office, Saint Paul Lutheran High School, P.O. Box 719, Concordia, MO 64020 or fax to 660-463-7621.