

2014-2015 PARENTAL PERMISSION ---CAR TRAVEL, OVERNIGHT/WEEKEND VISITS, VEHICLE USAGE

STUDENT NAME _____

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

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** _____

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.