

Mt. Vernon GospelKnights Transportation Permission Form

Valid from _____ to _____

Please sign, date, and return this form to: Mt. Vernon GospelKnights

Attention: Parent(s) or Guardian(s) regarding [Child or dependent's name]

We have had continuing discussions regarding the convenience and or necessity of allowing students to drive themselves and others to and from group functions.

Please clearly indicate the permissions and/or restrictions that apply to your child or dependent by circling Yes or No below and providing additional information where requested, if applicable.

Child/dependent as **a passenger**

Yes | No My child/dependent has my permission to ride with drivers over the age of ____ only.

Yes | No My child/dependent has my permission to ride with any designated event driver, regardless of age or insurance.

Yes | No My child/dependent has my permission to ride with any adult acting as chaperone or driver for an event.

Yes | No My child/dependent has my permission to ride with the following students only (please provide students' full names):

Yes | No Other (please provide details):

Child/dependent as **a driver**

Yes | No My child/dependent has my permission to drive him or her only.

Yes | No My child/dependent has my permission to drive other students as passengers in a vehicle but only with copies of this permission letter in the vehicle at the time.

Please note: A copy of your child/dependent's proof of insurance form must be placed on file in advance of the event with [School or Institution Name].

Yes | No My child/dependent may have the following number of passengers in his or her vehicle at any time (please circle the allowed number):

1 2 3 4 5

Please note: All passengers must wear a seat belt at all times when riding in a vehicle!



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Additional driving restrictions

My child/dependent has the following restrictions on his or her driving:

Yes | No No restrictions apply as long as he or she abides by the conditions of this form and all rules in effect for the group event(s) to which this form applies.

Yes | No These restrictions apply: (please provide details, for example, no driving at night, no students or passengers of the opposite gender, allowed to drive to and from group functions only, etc.):

Please note: This form will remain on file and function as a general permission form for the dates indicated or until rescinded in writing by a parent or guardian. Additional forms specific to events will still be required as needed.

Sincerely,

Carson Stapleton
CEO Program Director

Please have your parent sign here if you are under 18 years of age.

Signature of Parent or Guardian: _____ Date: _____

