

ST. JOHN THE BAPTIST DIOCESAN HIGH SCHOOL

1170 MONTAUK HIGHWAY • WEST ISLIP, NEW YORK 11795-4959

(631) 587-8000 FAX (631) 587-8996

REQUEST FOR PERMISSION TO DRIVE TO SCHOOL 2020-2021

This form must be returned in a sealed envelope to Mrs. Ferretti in the Main Office with a photocopy of your driver's license and a check or money order made out to St. John's for \$200.

Student Name _____ Advisory _____

Driver's License Number _____

Make of car _____ Model _____ Year _____

Color _____ License Plate # _____

Please complete the following information:

I do not receive transportation from my district. Circle: YES NO Name of School District _____

If you wish your child permission to transport passengers (including siblings) please check here. Circle: YES NO

Sibling Name: _____ Grade: _____

I have carefully reviewed the Remote Driving to School Presentation and I agree to abide by its provisions. I agree to comply with all driving regulations as well as attendance requirements. By signing below, I agree to uphold all the rules and regulations set down by St. John the Baptist D.H.S. I also agree not to leave the parking lot prior to 2:50PM each day.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

Office Use: Fee Paid: Circle MONEY ORDER CHECK NUMBER: _____