

**EAST ALLEN COUNTY SCHOOLS
PRIVATE TRANSPORTATION**

Student's Name (Print) _____ School Year 20 _____/

Student's Home School _____ Grade _____

Driver Permission

As the parent or legal guardian of the EACS student named above, I hereby consent he/she may drive a private vehicle to and from the school activities listed below. We acknowledge that he/she is licensed to drive under the laws of the State of Indiana and agree to advise EACS immediately if his/her driving privileges are suspended, revoked, or have expired without a timely renewal.

The undersigned student also agrees to immediately inform EACS if his/her driving privileges have been suspended, revoked, or have expired without a timely renewal.

Destinations/Circumstances
(Initial all that apply.)

1. Anthis Career Center: _____
2. One High School-Five Campus Program: _____
3. I.C.E. Program: _____
4. Extra-Curricular (including all sports): _____
5. Other (list): _____

The undersigned acknowledges that EACS reserves the right to prohibit the use of private transportation if EACS provides transportation to a particular event or activity.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Passenger Permission

As the parent and legal guardian of the EACS student named above, I hereby consent to allow him/her to ride with another student to any school program or event.

Parent's Signature _____ Date _____