Home of the Highlanders
SCOTLAND SCHOOL DISTRICT
711 4th Street
Scotland, South Dakota 57059
Phone 605-583-2237 FAX 605-583-2718
https://www.scotland.k12.sd.us

STUDENT DRIVER PERMISSION FORM

This form is for students in grades 8-12 participating in a school activity that may require the use of a personal vehicle. By signing the form below, students have permission to drive their own vehicle to and from the school activity/sport listed and dated below. In addition, if a student driver has siblings participating in the same activity, this form will allow all siblings to travel together in their family vehicle.

I hereby give permission for _____ to drive and
(Student Driver's name)

to carry siblings in their personal vehicle to the school activity of _____
(Name of Activity)

on _____ which is supervised by _____.
(Month(s)/Year) (Advisor/Coach's name)

I understand that any accidents, damages, or liabilities incurred while my student operates their vehicle are the student's responsibility, and I will not hold Scotland School District, its affiliates, or representatives liable for any claims, damages, or incidents arising from the use of the student vehicle. My student will comply with all traffic laws, regulations, and safety standards while operating my vehicle.

_____ _____
Print parent/guardian name Date

_____ _____
Parent/guardian signature Student Signature