



THE WOODLANDS  
CHRISTIAN  
ACADEMY

## 2009-2010 Permission to Drive

I give my permission for my child, \_\_\_\_\_ to drive to TWCA. I expect them to be driving:

\_\_\_\_\_ everyday

\_\_\_\_\_ periodically (please specify) \_\_\_\_\_

**I realize that parking is limited and continuance of this privilege is subject to available parking spaces and may be revoked at any time for this reason. I also understand that misuse of this privilege, including unsafe driving and parking habits, will result in the revocation of this privilege for as long as the administration deems necessary. I understand that the staff of TWCA has the right to search this vehicle at any time. By signing below, I also agree to allow the police to search this vehicle at the request of TWCA's staff.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any other student that will be traveling with your child on a regular basis.

### STUDENT DRIVER VEHICLE REGISTRATION

Student Driver: \_\_\_\_\_ Grade: \_\_\_\_\_

Car Information:

Year Model \_\_\_\_\_ Make of Vehicle \_\_\_\_\_ Color \_\_\_\_\_

License Tag#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_