River Valley Technical Center

307 South Street, Springfield, VT 05156 802-885-8300

Permission to Drive or Ride

Express written permission is required for any student wishing to:

- **Drive a personal vehicle to and from school**
- **Drive a vehicle with another student as a passenger***
- **Ride in a vehicle with another student**

Student Name _____

License Number _____ Date of Issue _____

Home School: (please circle one) BFUHS FMRHS GMUHS SHS

I hereby give my son/daughter permission to:

Check all that apply. Complete information for all pertinent vehicles

□ **Drive** a personal vehicle
Vehicle Make, Model & Color _____License Plate _____

□ **Ride** in a personal vehicle driven by _____
Vehicle Make, Model & Color _____License Plate _____

□ **Ride** in a personal vehicle driven by _____
Vehicle Make, Model & Color _____License Plate _____

For the following period: (check one)

□ 2025-2026 School Year

□ Only the dates listed: _____

Reason for request: _____

The student and parent assume full liability for this modification to usual and customary transportation practices. The student and parent understand that the student must adhere to all **applicable state laws regarding passengers,** RVTC and sending school driving policies and practices. Failure to follow all RVTC and sending school practices and policies will result in loss of driving privileges. The student and parent also understand that students found parking on the premises in any location other than the designated student parking lot might be subject to loss of driving privileges. Inappropriate behavior while driving to or from the River Valley Technical Center or on school grounds could result in the revocation of driving privileges. Driving privileges may be suspended/revoked if a student is tardy 3 or more times per marking quarter. Once the student arrives on campus, he/she may not access the parking lot and/or personal vehicle without permission from the Technical Center office. Permission to drive or ride to the Technical Center is for the date(s) specified only. Signature below indicates agreement and compliance as described above.

INCOMPLETE FORMS WILL NOT BE ACCEPTED

Program Instructor	Date	Program Name	
Parent/Guardian of Driver	Date	Student	Date
Parent/Guardian of Rider	Date	Home School Administrator	Date
Parent/Guardian of Rider	Date	RVTC Administrator	Date