SBA Travel/Permission Form

Student Last Name: _____ Student First Name: _____

Student Cell Phone Number: _____ ☐Drive-In Student ☐Dorm Student

☐I will drive my student.

☐My student(s) will/may be driving a vehicle to/from school.

STUDENT CAR REGISTRATION

All SBA students must register the car/cars they drive on campus.

Name of owner of car #1_____ Color_____

Make _____ Model_____ Year_____ License Number _____

Name of owner of car #2 _____ Color_____

Make _____ Model_____ Year_____ License Number _____

Insurance Company: _____

Parent/Guardian Name: _____ Cell Phone #: _____

☐My student will carpool with: _____

_____

_____

☐I agree that other students may ride with my student driver. The following student(s) will/may be riding with my student to/from school: _____

_____

_____

- I agree to contact SBA about travel arrangements and/or destinations other than the above.
- I affirm that my student will not be allowed to change travel plans until parents/guardians notify SBA.
- I agree that if there are any changes/additions to this information, I will contact SBA as soon as possible.

Parent/Guardian: _____ Date: _____