California Lutheran High School

31970 Central Ave
PO Box 1570
Wildomar, CA 92595

(951) 678-7000 (voice)
(951) 678-0172 (fax)

Student Transportation Permission Form

Parents, please complete this form and return it to California Lutheran High School with your registration materials.

Student name: _____

____ Has my permission to ride with student drivers.
____ Does not have my permission to ride with student drivers.

Parent/Guardian Signature:_____

Parents: We will do our best to carry out your wishes in this regard. However, it is not possible for us to know who is riding or driving when and with whom at all times. For this reason, we must ask you to assume the full liability in the event of accidents, misuse of motor vehicles, or students not abiding by your wishes.

Automobile Registration Form

_____ _____
(Last name of student) (First) (Car license number)

____ Sophomore
____ Junior
____ Senior

_____ _____
(Car make) (Car model)

_____ _____
(Year) (Color)

Car pool
____ Yes ____ No

If yes, please list names of others in car pool: _____

_____

How often will student be driving?
____ Daily
____ Occasionally

____ Has my permission to transport other students
____ Does not have my permission to transport other students.

Please list restrictions, if any:_____

_____

_____ _____
(Parent's signature) (Date)