



**Cleveland
Central
Catholic
High School**

*Office of the
Assistant
Principal for
Student Life*

6550 Baxter Avenue
Cleveland, OH
44105

216.441.4700,
Ext. 229
Fax: 216.641-2045

**Mission
Statement:**

*Rooted in Gospel
values and Catholic
tradition, Cleveland
Central Catholic High
School educates
culturally diverse
young men and
women of our city
and challenges them
to deepen their faith to
responsibly serve
God, church, and
community.*

**PERMIT TO DRIVE TO SCHOOL &
PARKING PERMIT**

SCHOOL YEAR (2017-2018)

STUDENT'S NAME _____ **GRADE** _____

HR _____ **MAKE OF CAR** _____

COLOR _____ **LICENSE PLATE #** _____ **YEAR** _____

INSURANCE CO. _____ **POLICY HOLDER** _____

THE STUDENT WILL BE DRIVING:

_____ **REGULARLY** OR _____ **PERIODICALLY**

_____ **ALONE** OR _____ **WITH OTHERS**

IF OTHERS IS CHECK, WHO ARE THE PASSENGERS?

1. _____

2. _____

3. _____

4. _____

X _____

STUDENT SIGNATURE VALIDATING THE ABOVE INFORMATION

PARENTS/GUARDIAN PERMISSION

**I GIVE PERMISSION FOR MY SON/DAUGHTER TO DRIVE TO SCHOOL
ACCORDING TO THE INFORMATION STATED ABOVE. I UNDERSTAND
THAT THE SCHOOL IS NOT LIABLE FOR THE CHOICE I HAVE MADE OR
FOR THE CAR OR ITS CONTENTS WHILE PARKED.**

PARENT NAME (PRINTED) _____

PARENT SIGNATURE: X _____

DATE: _____