



THE BROOK HILL SCHOOL

P.O. Box 668 • Bullard, TX • 75757
PH: 903-894-5000 • PH: 800-657-3167 • FAX: 903-894-6332

Parking Permit # _____

Student Driver/Passenger Permission Form

Date: _____

Student's Name: _____ Grade _____

Student License Information:

Type of license held by student: _____

Date license issued: ____/____/____ License plate no. _____

The following vehicles may be driven by student:

Make / Model _____ Color _____

Make / Model _____ Color _____

Auto Insurance Information:

Company Name:	Contact No.
Insured Name:	Policy Number:

Please initial the appropriate statement:

___ I give my permission for this student to drive a car to The BHS on a daily basis.

___ I give my permission for this student to drive a car with other passengers.

___ I give my permission for this student to ride in cars driven by other BHS students.

Other BHS Students:

Driver 1: _____

Driver 2: _____

___ I give my permission for this student to ride in a car driven by TBHS staff or faculty.

Student Signature

Date

Parent/Legal Guardian Signature

Date

The Brook Hill School provides excellence in college preparatory education, affirms the gifts and challenges the potential of each student, and encourages students to honor God through Christ-like character.