

Eddyville Charter School

P.O. Box 68 1 Eddyville School Rd. Eddyville, OR 97343 Phone: 541.875.2942

Fax: 541.875.4050

Student Driver Automobile Registration

Student Name: Address: Driver's License Number and Expiration:					
			Car Make/Model:	Year:	License Plate:
			Insurance Company Name:		-
Insurance Policy Number:		_			
		_			
Bodily In	jury/Property Damage				
As a student driver, I agree to a	abide by the following rules:				
 I will leave my vehicle in school dismissal time. 	n the parking area from the time I	arrive at school until I leave at			
2. I will not access my vehic	cle any time during the school day	(this includes lunch time).			
I will abide by all drivin Charter School.	ng regulations as imposed by the s	tate of Oregon and Eddyville			
4. I will not exceed 10 mile	es an hour on school grounds.				
I understand that anythin same handbook search	ng on campus, including my vehicle policy.	e, is subject to search under the			
Student Signature:		Date:			
liable for any event that should needed. If any regulations set be privilege will be revoked. I und students are not allowed to lear the office. Students riding with a	e a vehicle to and from school. Edd happen as a result of my student by the school and/or the state of C erstand that Eddyville Charter Sch ve during the school day without w other students will also need writte eaving the school grounds after sch ut of the office.	driving to and from school as Dregon are violated, this driving tool is a closed campus and that written or verbal permission to the			
Parent Signature:		Date:			