n a s s a u
BOCES

DRIVER PASSENGER
REQUEST FORM

STUDENT'S NAME: _____ **CONTACT PHONE #:(** ____ **)** _____

BOCES SCHOOL: Barry Tech   GC Tech   LIHSA

HOME SCHOOL: _____

STUDENT DRIVER INFORMATION BOCES PROGRAM: AM or PM

NAME: _____

TEACHER:_____ Grade:_____

STUDENT PASSENGER INFORMATION BOCES PROGRAM   AM or PM

TEACHER: _____ Grade: _____

___

ALL STUDENT PASSENGERS MUST:
1. Submit Student Passenger Requests by 9am / 1pm the day they are a passenger. If student is driving for an extended time, this form needs to be completed once.
2. Submit approval from their parent/guardian as well as the driver's parent/guardian.
3. **Wait in their classroom until Student Drivers are called at dismissal.**
4. **Exit through the rear courtyard gate and show their passenger pass to the security guard on duty.**

JOB OR EXTENUATING CIRCUMSTANCE INFORMATION for STUDENT PASSENGER: _____

(Brief Explanation and Company Name)
Supervisor's Name: _____ Supervisor's Phone #: _____
Student's Work Schedule: Days: _____ Times:_____
Supervisor's Signature: _____ Name: _____

_____

SIGNATURES BELOW CONSTITUTE APPROVAL TO DRIVE TO AND FROM NASSAU BOCES:

Please read the form before signing. The above-named student has permission to drive his/her car to BOCES. The responsibility for this request rests with the student and his/her parent(s)/guardian(s).

_____(student name) has permission to be a student passenger in

_____(student driver's name) car. This may occur during the following dates and times:

☐ Every school day

☐ On specific days each week: _____

☐ During specific dates: _____

☐ During semester: FALL 2023 or SPRING 2024

☐ Until a specific end date: _____

Student Signature:

Date:

BOCES Administrator Signature:

Date:

Parent/Guardian Signature:

Date:

Parent/Guardian   Daytime Phone #: (_____)