

## Drivers Consent Form

<b>Student's Name:</b>		<b>Male / Female</b>
<b>Grade:</b>	<b>Student ID:</b>	
<b>Test Site:</b>		<b>Dates Valid:</b>

**I can be reached at the following numbers during testing:**

Father/Guardian:

Phone:

Mother/Guardian:

Phone:

Emergency Contact:  
(relationship to student)

Phone:

**Carpooling:**

California Virtual Academies has my permission to check out my student to the following:

Check here if your student is carpooling and will be released only to the parents/guardians listed below.

Name:

Phone:

Relation to Student:

Cell:

**Student Transporting:**

Check here if your child (stated above) has permission to transport him/her self to the test site and you also give him/her permission to check in/out of the test site.

By signing below I give my child permission to check him /her out and drive home.

Print Parent/Guardian Name: \_\_\_\_\_

Signature Parent/ Guardian

Date:

**Please return completed form to the testing site. Thank you**