ST. JOHN'S SCHOOL
GUAM, USA

STUDENT DRIVING PRIVILEGES
CONSENT AND WAIVER OF LIABILITY
2022-2023

I/We, _____, parent(s) of _____, _____ Grade, a student at St. John's School, hereby give my/our consent for my/our child to drive to and from school and to park in the designated student parking area during school hours or whenever necessary. I/We further understand my/our child is required to furnish copies of the vehicle registration, insurance, and a copy of his/her Driver's License to the office. It is also acknowledged that I/we accept full responsibility for any damages or theft to the vehicle while on school grounds and acknowledge any prohibitions that are associated with parking there.
I understand my child cannot leave campus during school hours (Doctor or Dental Appt., etc.) without written authorization from me. (Only Seniors have off-campus lunch time privilege)
I/We acknowledge that I/we have discussed these regulations, with my/our child, and I/we further RELEASE St. John's School from any and all liability and claims for any damage which may result to our child from his/her leaving St. John's School grounds.

_____ _____
Date Parent Signature

As the student driver, I also acknowledge and agree to abide by school regulations:

_____ _____
Date Student Signature

==========For Office Use Only==========

☐ Copy of Student's Driver License SJS Vehicle Decal #: _____

☐ Proof of Insurance (Expiration Date: _____)

☐ Vehicle: Make:_____ Model:_____ Plate#:_____

☐ Vehicle Registration (Expiration Date: _____)