

**Berks Career and Technology Center**  
**Permanent Driving Permit Request**

**PLEASE PRINT:**

Student Name: \_\_\_\_\_  
Last First Middle Initial

Program: \_\_\_\_\_  A. M.  P. M.

Home School: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Driving: \_\_\_\_\_

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**VEHICLE INFORMATION**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

**I believe driving is a privilege and a responsibility. Violations of the Driving Policy including transporting unauthorized passengers, speeding, reckless driving, parking in undesignated areas, failing to display parking permit and any other actions deemed inappropriate may result in the towing of your vehicle and/or permit revocation and disciplinary action.**

**It is the responsibility of the driver during inclement weather to check on the status of BCTC either on BCTC's website or through sending school main office.**

\_\_\_\_\_  
**Signature of Student Driver**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian of Driver**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of BCTC Instructor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Home School Principal**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of BCTC Supervisor or Building Administrator** **Date**

**TO BE COMPLETED BY THE OFFICE:**

Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Permit Fee Paid Date: \_\_\_\_\_ Rec #: \_\_\_\_\_

Attached copy of Driver's License  Attached copy of Insurance Information  Completed Alt. Trans. Form