

Berks Career and Technology Center
Riding Permit Request

PLEASE PRINT:

Student Name: _____
Last First Middle Initial

Program: _____ A. M. P. M.

Home School: _____ Grade: _____

Reason for Riding: _____

CHECK ONE: Permanent Temporary (Date(s) needed) _____ WBL

DRIVER MUST HAVE A PERMANENT OR TEMPORARY PASS IN ORDER TO DRIVE!

DRIVER'S NAME: _____
Last First Middle Initial

I believe riding is a privilege and a responsibility. Any violations of the Behavioral Code may result in permit revocation and disciplinary action.	
_____ Signature of Student Rider	_____ Date
_____ Signature of Parent/Guardian of Rider	_____ 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