

ST. THOMAS AQUINAS HIGH SCHOOL  
STUDENT PASSENGER  
APPLICATION

THE APPLICANT IS SEEKING PERMISSION TO BE TRANSPORTED  
BY OTHER STUDENTS TO AND FROM SCHOOL-SANCTIONED  
EVENTS AT THE DIRECTION OF THE ATHLETIC DIRECTOR/  
ADMINISTRATOR (No insurance coverage is available or provided by the Diocese of  
Youngstown to volunteer passengers.)

Name of Student:

(please print)

(last)

(first)

Grade \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

PROOF OF MEDICAL INSURANCE:

Name of Company \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

PERMISSION:

I, the undersigned, state that all the above information is true and I give my permission for my son/daughter to be transported by other students to and from school events. I agree that I will not hold the school, the Bishop of the Diocese of Youngstown, the Department of Pastoral and Education services, or their employees responsible for the actions of my son/daughter as a student passenger.

Signature of parent/guardian \_\_\_\_\_

\_\_\_\_\_  
(date)

# ST. THOMAS AQUINAS HIGH SCHOOL STUDENT DRIVER APPLICATION

THE APPLICANT IS SEEKING PERMISSION TO TRANSPORT OTHER STUDENTS TO AND FROM SCHOOL-SANCTIONED EVENTS AT THE DIRECTION OF THE ATHLETIC DIRECTOR/ADMINISTRATOR (No insurance coverage is available or provided by the Diocese of Youngstown to volunteer drivers)

Name of Student:

(please print) \_\_\_\_\_  
(last) (first)

Grade \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Proof of Auto Insurance:

Name of Company \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Driving Record: Driver License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had any accidents while driving? If so, please give dates and an account of each incident. List any traffic violations which you have received in the past three years and any points accumulated.

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Permission:

I, the undersigned, state that all the above information is true and I give my permission for my son/daughter to transport other students to and from school events. I agree that I will not hold the school, the Bishop of the Diocese of Youngstown, the Department of Pastoral and Educational Services, or their employees responsible for the actions of my son/daughter as a student driver.

Signature of parent/guardian: \_\_\_\_\_

(date)