

ST. JOHN THE BAPTIST DIOCESAN HIGH SCHOOL

1170 MONTAUK HIGHWAY • WEST ISLIP, NEW YORK 11795-4959 (631)
587-8000 FAX (631) 587-8996

REQUEST FOR PERMISSION TO DRIVE TO SCHOOL 2025-2026

This form must be returned in a sealed envelope to the Office of Student Services located in the Main Office with a photocopy of your driver's license and a check or money order made out to St. John the Baptist DHS for \$200. If paying by credit card/Apple Pay all transactions must be in person.

Student Name _____ Advisory _____

Driver's License Number _____

Make of car _____ Model _____ Year _____

Color _____ License Plate # _____

Please complete the following information:

I do not receive transportation from my district. Circle: YES NO Name of School District _____

If you wish your child permission to transport passengers (including siblings) please circle: YES NO

Sibling Name: _____ Grade: _____

I have carefully reviewed the Remote Driving to School Presentation and passed the quiz. I agree to abide by its provisions. I agree to comply with all driving regulations as well as attendance requirements. By signing below, I agree to uphold all the rules and regulations set down by St. John the Baptist Diocesan High School. I also agree not to leave the parking lot prior to 2:50PM each day. I acknowledge that no early dismissals are permitted during I period. If I am sent home from the Health Office I will not be permitted to drive home.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

Office Use ONLY

Fee Paid: MONEY ORDER / CHECK: Number _____

CREDIT CARD Date/Time: _____

*A Diocesan Catholic school fully accredited by the Board of Regents
of the University of the State of New York and by Cognia®.*