**Putnam/Northern Westchester BOARD OF COOPERATIVE EDUCATIONAL SERVICES** 200 BOCES Drive, Yorktown Heights, NY 10598-4399

**APPLICATION FOR TECHNICAL AND CAREER EDUCATION STUDENTS TO DRIVE PRIVATELY OWNED VEHICLES FOR THE PURPOSE OF PARTICIPATION IN INTERNSHIP AND WORK-BASED LEARNING PROGRAMS**

The student indicated below requests special consideration. Your signature on this completed application will indicate your approval for the granting of the privilege of driving to and from an assigned work-based learning site.

**STUDENT INFORMATION (Please Type or Print)**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tech Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor: \_\_\_\_\_\_\_\_\_\_ Session\_\_\_

**A COPY OF THE STUDENT’S DRIVER’S LICENSE MUST BE ATTACHED TO THIS FORM.**

**VEHICLE INFORMATION**

Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_

License Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Owner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read and understand the student driving regulations described in the Student Handbook. I understand that I waive any and all rights, suits, causes of action, damages and judgments that I might have against BOCES as a result of using the above mentioned vehicle while participating in an Internship or other work-based learning activity. I further recognize that my permission to drive may be suspended or revoked at any time during the school year should I abuse this privilege by violating school regulations.**

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURES OF APPROVAL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Home School Principal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech Center Instructor Tech Center Administrator

*Service and Innovation Through Partnership*

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