

[Student Name]
[Student Address]
[City, State, Zip Code]
[Date]

[School Name / Transportation Department]
[School Address]
[City, State, Zip Code]

Re: Request for Academic Year Driving Privileges

Dear [Name of Administrator or Transportation Coordinator],

I am writing to formally request an adjustment to my transportation arrangements for the current academic year. As a student in good standing at [School Name], I am seeking permission to drive my personal vehicle to and from campus and to obtain a student parking permit.

This request is based on the following academic and extracurricular requirements:

- [Insert specific reason, e.g., Early morning athletic practices]
- [Insert specific reason, e.g., After-school employment at (Company Name)]
- [Insert specific reason, e.g., Participation in the dual-enrollment program at (College Name)]

I have attached copies of my valid driver's license, vehicle registration, and proof of insurance. I understand and agree to abide by all school policies regarding vehicle safety, speed limits, and designated parking areas. I also acknowledge that these privileges may be revoked should I fail to maintain academic standards or violate school conduct codes.

My parent/guardian has signed below to indicate their approval of this request and their confirmation of my driving responsibilities.

Thank you for your time and for considering this adjustment to my school schedule.

Sincerely,

[Student Signature]
[Student Printed Name]

Parental Consent:

I, [Parent/Guardian Name], give permission for my child to drive to school for the reasons stated above.

[Parent/Guardian Signature]
[Phone Number]