

**CAPE ELIZABETH HIGH SCHOOL**  
**Senior Privilege Parental Permission Form**

To be completed by parent/guardian:

1. I give my permission for \_\_\_\_\_ to travel to and from Cape Elizabeth High School by means of private vehicle transportation (including walking) and understood explicitly that this transportation permission applies to times during which \_\_\_\_\_ would ordinarily be in school.

2. I understand explicitly, in providing permission for my eligible son/daughter to participate in the "Senior Privilege," that the Cape Elizabeth School Department, its officers, agents, and employees are unable to provide supervision of my son/daughter while he/she is exercising such privileges. I extend my permission for my son/daughter to participate in the "Senior Privilege" nonetheless.

3. My permission for private vehicle transportation includes: A) my son/daughter as the driver of a car owned by me or my son/daughter; B) my son/daughter as a passenger in a vehicle driven by another student driver, or by me, or by the parent of another senior eligible to participate in this program; C) my son/daughter being the driver of another student's vehicle; D) my son/daughter walking alone or with others.

4. I confirm that I have discussed the contents of this document and the "Senior Privilege Policies"; I acknowledge that he/she understands their contents and significance. I further acknowledge that I will report to the school administration any violations of school rules, infractions of motor vehicle laws or careless driving which are known by me to have occurred by my son/daughter in his/her exercising of the "Senior Privilege."

5. In giving permission for my son/daughter to participate in the "Senior Privilege" I fully understand that the Cape Elizabeth School Department, its officers, agents, and employees will not be liable for any injury, harm, or damage done to my son's/daughter's person or property occurring during or arising out of such transportation; I waive, and agree to hold the Cape Elizabeth School Department, its officers, agents, and employees harmless from any claims arising out of such transportation, including any claim that the Cape Elizabeth School Department, its officers, agents, and employees were negligent in permitting the transportation to which I have given my permission above.

6. I fully understand that my signature below applies until the end of the \_\_\_\_ - \_\_\_\_ school year only and that I may revoke such a waiver IN WRITING to the High School Administration at any time.

\_\_\_\_\_  
Printed name of parent

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
e-mail account of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of student

\_\_\_\_\_  
e-mail account of student

\_\_\_\_\_  
Parking Permit number

\_\_\_\_\_  
License plate number