

CTE STUDENT DRIVING PRIVILEGE FOR CTE CO-OP STUDENTS **Policies And Procedures**

ADVISORY: Students in the Career and Technical Education (CTE) Co-operative Education Program (Co-Op) may opt to drive their own vehicles from the PPS high school that houses their program of study to the location of their approved Co-Op placement (job site). Student drivers must abide by the policies and procedures shown below.

1. Students who drive their own vehicles will park only on the side streets closest to the PPS high schools. PPS staff parking lots are off limits, due to space limitations. If a student vehicle is illegally parked in the staff parking lot or any other unauthorized space on school property, the vehicle may be towed at the owner's expense.
2. Pittsburgh Public Schools is not responsible in any way for student vehicles, nor the contents therein.
3. The Student Driver and his/her parent/guardian both agree to maintain state appropriate driver's insurance during the period of the permit. A copy of the vehicle insurance card is required with the application.
4. **NO PASSENGERS** are permitted to ride with student drivers during school hours without written permission.
5. Student Drivers must observe the five (5) mile per hour speed limit on all school property. Exiting buses take precedence over exiting student drivers. Unsafe driving practices will result in immediate loss of the Student Driving Permit.
6. The student will NOT be permitted to drive to the Co-Op placement for any/all of the following reasons: (A) the student's home school does not permit a student to drive to school, (B) the student is suspended or expelled.
7. The CTE Student Driver will be responsible for getting himself/herself to class and to the Co-Op job on time.
8. The CTE Student Driver should not make any unnecessary (non-emergency) stops when travelling between school and the Co-op job. **Unexpected delays must be reported to appropriate PPS staff (Co-Op Coordinator) and to the Co-Op Job Supervisor.**

PROCEDURE TO REQUEST CTE STUDENT DRIVER PERMIT

1. The CTE Student Driver Permit Application must be completed with required signatures and submitted at least 7 days in advance of the student's use of a personal vehicle at Pittsburgh Public School buildings during school hours. **The application must be submitted each year of the student's enrollment in the CTE program.**
2. The completed, signed Student Driver Permit Application must be returned to the CTE Office for processing.

CTE Co-Op Student Driver Permit Application

Student Name _____

Student's Home School _____

Name of CTE Program & Building _____

Address of Approved CTE
Co-Operative Education Job _____

(Street Address)

(Office Number)

(City, State, Zip Code)

Student Vehicle Make/Model/Color _____

Student Vehicle Tag Number _____

Car Insurance Company _____ Policy # _____ Exp. Date _____

Parent/Guardian Name _____

Parent/Guardian Daytime Phone _____

Emergency Contact (Name/Phone) _____

STUDENT DRIVER PARENT AGREEMENT

I give my consent for _____ to drive his/her personal vehicle from his/her home school (listed above) to the school housing his/her CTE program (listed above). The student may also drive this vehicle from school to their approved Co-Operative Education Job Placement. I certify that the use of the student's personal vehicle is a necessity. I have read the **CTE Student Driving Privilege Policies and Procedures** and will share the responsibility for compliance with these rules. I agree that Pittsburgh Public Schools is not responsible for my son/daughter's personal vehicle or its contents and assumes no liability for damage, loss or personal injury.

Parent/Guardian Signature: _____ Date: _____

STUDENT DRIVER AGREEMENT

I have read the **PPS Student Driving Privilege Policies and Procedures**, and understand my obligation to follow these rules exactly. If I do not, I may face disciplinary action, including have my driving privileges revoked.

Student Signature: _____ Date: _____

APPROVAL SIGNATURES

Home School Principal: _____ Date: _____

CTE School Principal: _____ Date: _____

**PLEASE ATTACH A COPY OF THE VEHICLE INSURANCE CARD AND
THE STUDENT'S DRIVER'S LICENSE TO THIS APPLICATION. RETURN THIS APPLICATION TO YOUR
ASSIGNED CO-OPERATIVE EDUCATION COORDINATOR.**