



DEPARTMENT OF FINANCE AND ADMINISTRATION
Office of Driver Services, Driver Control
Age Waiver-School Verification

INSTRUCTIONS: This form is to be completed by the **Superintendent or Principal** of the school attended by the age waiver applicant. **Incomplete applications will be denied.**

AGE WAIVER APPLICANT NAME		DRIVER'S LICENSE NUMBER	
SCHOOL INFORMATION:			
SCHOOL NAME		GRADE LEVEL	ACADEMIC STANDING
SCHOOL ADDRESS	CITY	STATE AR	ZIP CODE

- Does the student attend school where he/she resides? Yes No
 If no, is it school or parental decision? _____
- Time classes begin? _____ Time classes end? _____
- Is the student eligible for school provided transportation? Yes No
 If no, please explain why: _____
- How many miles (one way) from home address to school? _____
- Is the student academically eligible for extracurricular activities? Yes No

School's Recommendations and Comments: _____

List all extracurricular activities on school premises:

Activity	Months & Day(s)	Time Begins	Time Ends	Teacher/Advisor

List all extracurricular activities off school premises:

Activity	Months & Day(s)	Time Begins	Time Ends	Location

I certify that all information is true and correct.

SCHOOL PRINCIPAL/SUPERINTENDENT SIGNATURE		
TITLE	PHONE NUMBER	DATE

If the age waiver is granted, the minor must use school transportation when provided. This includes all extracurricular away events.