

Octorara Administration Office

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Lisa M. McNamara
K-12 Program Administrator

RIDING APPLICATION

Name _____ Program _____ am _____ pm _____

I understand the driving/riding regulations as outlined in the Student Handbook, and I am aware that violations of these rules may result in the withdrawal of riding privileges to Octorara Area Homeland Security & Protective Services Academy. I am also aware that excessive lateness or absences can result in suspension of riding privileges. All riders must have an approved paperwork for the vehicle they are traveling in.

Student Signature Parent/Guardian Signature

Parent Name _____ Phone Number _____

Program _____ am _____ pm _____ Sending School _____

My son _____ daughter _____ has my permission to ride with _____

and agrees that no more than three (3) authorized passengers will be in the car any time. The above named driver has agreed to carry insurance to protect passengers.

Sending School Approval _____ Date _____
Principal/Assistant Principal Signature

OA-CTEP Approval _____ Date _____
Academy Instructor Signature

The parent of any student requesting a riding permit must explain the need to so. Please do so in the space provided.
