

NEWBERRY COUNTY CAREER CENTER

TEMPORARY PERMISSION – ONE DAY PASS

Student Name: _____

Home High School: _____

Date to Drive: _____

Reason for Driving: _____

Vehicle Year / Make / Model: _____

APPROVAL SIGNATURES:

NCCC Instructor: _____

NCCC Director or Designee: _____

High School Principal: _____

Parent / Guardian: _____

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