STUDENT CAR ON CAMPUS

Name
Address
Grade
Home Telephone
Parent/Guardian Name(s)
Father (Work) Tel. #
Mother (Work) Tel. #
Guardian (Work) Tel. #

Registered to: License Plate # Make/Year Color

| Car #1 | | |
| Car #2 | | |

Return this card - signed - with your license, registration, and proof of insurance so that you may receive your parking permit. IT IS UNDERSTOOD THAT ANY VEHICLE ON SCHOOL GROUNDS MAY BE SUBJECT TO SEARCH.

For office use only

Proof of Insurance: Company __________________________ Expiration Date ________

Student Driver's License # __________________________

STUDENT PARKING PERMIT REQUEST

I, the undersigned student of Brunswick High School, do hereby request permission to park a vehicle in a designated student parking area. I understand that the intent of parking permits is to assist school personnel in providing a safe and controlled area for all building users to park and to help regulate access to the building by designating specific parking areas. I also understand that permit holders who are habitually absent, cut classes, leave school grounds during snack or lunch break, operate vehicle in an unsafe manner or who park illegally may be subject to school disciplinary action and/or having their parking privilege revoked.

Note: ANY VEHICLE ON SCHOOL GROUNDS MAY BE SUBJECT TO SEARCH.

Student Signature __________________________ Date ________ Grade ________

Parent/Guardian Signature __________________________ Date ________