



## Student Parking Permit Application and Agreement

School Year: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

License # \_\_\_\_\_ (attach copy of license)

Parent/Guardian Phone Number(s): (H) \_\_\_\_\_

(C) \_\_\_\_\_ (W) \_\_\_\_\_

Vehicle(s) Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag #: \_\_\_\_\_

Insurance Information: (attach a copy of insurance card)

Carrier: \_\_\_\_\_ Agent: \_\_\_\_\_ Policy #: \_\_\_\_\_

Student Passengers: (if other than siblings, attach permission letter from parents/guardians)

Student Name	Contact Phone
_____	_____
_____	_____
_____	_____

I, \_\_\_\_\_, have read and understand the parking permit eligibility guidelines and parking rules and I agree to adhere to the expectations outlined on that document. Further, I understand that parking at Sussex Academy is a privilege that can be revoked at any time should I fail to adhere to those expectations and or no longer meet the eligibility requirements.

\_\_\_\_\_  
Student Signature Date

I, \_\_\_\_\_, have read and reviewed the parking permit eligibility guidelines and parking rules with my child. Further, I understand that parking at Sussex Academy is a privilege that can be revoked at any time should my son/daughter fail to adhere to those expectations and or no longer meet the eligibility requirements.

\_\_\_\_\_  
Parent/Guardian Signature Date

Office Use Only: Date of Application: _____	Permit #: _____
Documents Submitted:	
_____ Copy of License	_____ Copy of Insurance Card
_____ Copy of Recent Report Card	_____ Passenger Permission Letters
_____ \$10 fee and \$5 deposit	