



SUSSEX ACADEMY
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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

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.

Signature Date _____ Student

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 if available _____ Passenger Permission Letters

\$20 Senior Fee _____ \$40 Junior Fee _____ \$60 Sophomore Fee
One-time fee, **NO** refunds for any reason