

# WEST DEPTFORD HIGH SCHOOL STUDENT PARKING APPLICATION

Decal # \_\_\_\_\_

**There is a parking fee of \$5.00 for the 2018-2019 school year.  
\*\*\* RETURN THIS APPLICATION TO THE ATTENDANCE OFFICE:**

**Starting - AUGUST 20th - 9:00am**

Student Name \_\_\_\_\_ Gr. \_\_\_\_\_ requests permission to drive a vehicle to and from school and to park on school grounds.

**The following original documentation must be submitted before this application is processed.**

## VEHICLE INFORMATION

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Year \_\_\_\_\_ License Plate Number \_\_\_\_\_

DRIVER

## INFORMATION

License No.: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Insurance Policy Number: \_\_\_\_\_

I verify that the foregoing information is complete and correct. If I receive permission to drive to school, I shall abide by the rules stated in the Student Handbook and BOE Policy. I realize that **no responsibility** is assumed by the school for any damage which may occur to cars while parking on school property. I know that I must have my driver's license, registration and insurance information in my possession at all times and will show them upon request. I understand that the right to park on school property is a **privilege** and may be revoked. I further understand that compliance with the Random Drug Testing policy is a prerequisite to gaining a parking permit. Completion of this form does not necessarily assure that a driving permit will be issued.

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

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

<b><u>For Office Use Only</u></b>
Proof of the following:
<input type="checkbox"/> Driver's License
<input type="checkbox"/> Registration
<input type="checkbox"/> Insurance Provider Card/ Policy No.
<input type="checkbox"/> Random Drug Testing Permission Form
<input type="checkbox"/> Parking Fee (\$5.00) cash or check _____