

Clover Garden School Parking Permit Application

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE A PERMIT WILL BE ISSUED.

For Office Use Only:

Date:	Payment Amount: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Permit #	Copy of Student's Driver's License: <input type="checkbox"/> YES
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Driver Information (Please Print)

Last Name:	First Name:
Date of Birth : ____/____/____	License #
Phone# ()	Grade & Homeroom:
Insurance Company:	Policy #:
Address:	
One-way mileage from home to CGS _____ miles.	

Vehicle Information (Please list ALL vehicles that may be driven on any given day)

<u>Description</u>	<u>Primary Vehicle</u>	<u>Secondary Vehicle</u>
License Plate Number		
Make		
Model		
Basic Color		

Passenger Information: (Passenger verification form must be complete)

<u>Passenger Name:</u>	<u>Grade & Homeroom:</u>	<u>Parent Initials</u>

Agreement and Signatures:

~**Cost of Parking Permit \$50.00**

~**I understand that parking on campus is a privilege.** I understand and agree to follow ALL of the stated policies that are essential with this privilege(as referred to in the Student-Parent Handbook)

~ I give my child permission to be considered as an applicant for a parking permit and will provide my child with the guidance and assistance to be a **responsible and safe driver.**

~ I agree to hang the parking permit on the rearview mirror in plain sight while my vehicle is parked on the school campus.

Student Signature:	Date:	Parent Signature:
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