

Office Use Only:

Grade: _____

Permit #: _____

DRIVER LICENSE # _____

LICENSE EXP DATE _____

PARKING PERMIT APPLICATION - \$20 NON-REFUNDABLE FEE

CASH OR CHECK MADE TO DELAWARE CITY SCHOOLS - No Debit/Credit Cards!

Please Print Clearly!

NAME OF STUDENT DRIVER _____
(Last) (First) (Middle)

ADDRESS _____

NAME OF PARENT/GUARDIAN _____

STUDENT PHONE _____ PARENT PHONE _____

AUTO INSURANCE PROVIDER _____

VEHICLE #1 (the primary vehicle the student will drive):

PLATE # _____ MAKE/MODEL _____ COLOR _____

VEHICLE #2 (vehicle that will be driven occasionally)

PLATE # _____ MAKE/MODEL _____ COLOR _____

I hereby authorize my student to drive the above described vehicle(s) and park on school property. I understand that if it is determined the parking privilege has been abused, his/her parking permit will be revoked by the school administration.

In connection with this request, I consent to the unlocking, opening and inspecting of the vehicle(s) and its contents while on school premises, based on the reasonable suspicion of a school administrator that the vehicle or its contents may violate the law or school rules.

EXCESSIVE TARDINESS, TRUANCY, SKIPPING CLASS AND OTHER STUDENT CODE OF CONDUCT VIOLATIONS ARE GROUNDS FOR REVOKING A STUDENT'S PARKING PERMIT. THIS WILL REQUIRE THE STUDENT TO RIDE THE BUS OR ARRANGE ALTERNATE TRANSPORTATION.

Parent/Guardian Signature

Student Signature

**PARKING PERMIT MUST BE HUNG ON THE REAR VIEW MIRROR WITH PERMIT NUMBER
CLEARLY VISIBLE THROUGH WINDSHIELD AT ALL TIMES WHILE ON SCHOOL PROPERTY**