

WESTERN AREA CAREER & TECHNOLOGY CENTER

Application for Parking Permit

Dear Student: **Complete SECTIONS I, II and III below**, and obtain all the required signatures. Provide a copy of your driver's license, vehicle registration, proof of insurance and proof of employment or a sport schedule, if applicable. Return the copies and this application to the Main Office for authorization. **You must provide the necessary copies; the office will not make copies for you.**

SECTION I: STUDENT INFORMATION

Student's Name _____ Home School _____
Shop _____ AM Session PM Session
Reason for request Work (After School) Sports/Activities Work Release

SECTION II: VEHICLE INFORMATION

Year _____ Make/Model _____ Color _____
License Plate _____
Insurance Company _____ Policy No. _____
Vehicle Owner _____

SECTION III: PASSENGER INFORMATION (Both students must attend the same home school.)

I will will not be transporting a passenger.

Passenger's Name _____

I give permission for my student to drive to WACTC to transport a passenger to WACTC.

X _____
Driver's Parent/Guardian Signature _____ Date _____

I give permission for my student to ride with _____ to WACTC.

X _____
Passenger's Parent/Guardian Signature _____ Date _____

STUDENT STATEMENT: I understand that having a parking permit is a privilege, and any violation of the school's driving regulations may result in revoking this privilege. I also understand I am to transport the passenger listed above only. Should I change vehicles, I agree to complete a new application immediately.

X _____
Student's Signature _____ Date _____

I give permission for the above-named student to drive from the home school to WACTC.

X _____
Home School Principal _____ Date _____

(Administrative Use Only)

THIS PARKING PERMIT APPLICATION HAS BEEN Approved Denied

WACTC Principal Permit No. _____ Issue Date _____