

WESTERN AREA CAREER & TECHNOLOGY CENTER

Application for Parking Permit

Complete Section I, II, III and obtain ALL required signatures. Copies of your driver's license, vehicle registration, proof of insurance and \$50 (You must provide the necessary copies; the office will not make copies for you). **Return application, copies and \$50 to the Main Office for authorization.**

SECTION I: STUDENT INFORMATION

Student Name _____ Home School _____ Grade _____
Western Area Program _____ Session: AM PM

SECTION II: VEHICLE INFORMATION

Year _____ Make/Model _____ Color _____
Vehicle Owner _____ License Plate # _____
Insurance Company _____ Policy # _____

SECTION III: PASSENGER INFORMATION

(Both students must attend the same home school.)

My student: will will **not** be transporting a passenger

Passenger's Name _____

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

Driver's Parent/Guardian Signature Date

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

Passenger's Parent/Guardian Signature Date

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

Student's Signature Date

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

Home School Principal Date

(Administrative Use Only)

This Parking Permit Application Has Been Approved Denied

Permit # _____ Issue Date _____

WACTC Principal Signature Date

