

BRANDYWINE HEIGHTS HIGH SCHOOL PARKING PERMIT
Senior Salmon **2009-2010** Junior Grey

REQUEST FOR DRIVING/PARKING PRIVILEGE DEADLINE FOR APPLICATION IS
Friday, September 11, 2009

PLEASE PRINT:

Student Name: _____ HOMEROOM: _____

Home Address: _____

Operator's License #: _____ DATE LICENSE ISSUED _____

BCTC/CO-OP/CAREER departure time _____

Date of Birth: _____ Phone #: _____ Cell #: _____

Vehicle Make: _____ License Plate #: _____

Model: _____ Year: _____ Color: _____

Owner's Name: _____

Insurance Company _____

Policy # _____ Expiration Date _____

I have read the attached rules and I understand that this driving/parking privilege will be revoked if I violate any state, local, school district driving regulations or any of the rules listed in the district discipline policies.

STUDENT SIGNATURE

I hereby permit my son/daughter to drive to and from school and park on campus. I also give permission for my son/daughter to drive home when approved by the nurse, after I have been called.

PARENT SIGNATURE

Paid _____ Date _____

Decal # _____ Spot assigned/ Lot _____

Fines assessed or privilege removed –

Reason: _____

Date of removal/suspension: _____