

JACKSON SCHOOL DISTRICT
PARKING APPLICATION 2009/2010

School: _____

Tag # _____

Student Driver: _____ Date of Birth: _____

All questions MUST be answered completely and accurately. A copy of your driver's license, car registration, and insurance card must be attached to the application or the application will not be processed.

Address _____

Home Phone # _____ Parent Work # _____ Cell Phone # _____

Homeroom: 1ST Semester _____ 2ND Semester _____

Vehicle Information

Make of Car: _____ Model of Car: _____

Year of Car: _____ Color: _____

License Plate Number: _____

Vehicle Owner's Name: _____

Name of Insurance Company: _____

Policy Number: _____

PAYMENT: Cash or Money Order (payable to your school) CASH _____ MONEY ORDER _____

DRIVER'S AGREEMENT:

I certify that all the above information is correct. I have attended the JSD *Drivers Safety Awareness Program* and have read the JSD *Driving Privileges / Campus Vehicle Procedures* and **AGREE** to abide by the regulations.

Student Signature: _____ Date: _____

PARENTAL PERMISSION:

I give my child/ward permission to drive a car to school. I have attended the JSD *Parent Driver Safety Awareness Program* and have read and reviewed the rules for high school parking with my child and understand that my child (driver) shall abide by all rules established by the state of New Jersey and the Jackson School District.

Parent Signature: _____ Date: _____

<u>Early Release Student:</u>	Yes _____	No _____
<u>Early Exit Student:</u>	Yes _____	No _____
<u>Cleared Book Fines:</u>	Yes _____	No _____
<u>Discipline:</u>	Yes _____	No _____

If any of the information changes, you must notify the main office immediately.