

**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: 1<sup>ST</sup> Semester \_\_\_\_\_ 2<sup>ND</sup> 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: \$25 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.**