

PERMIT # _____
office use only



PLYMOUTH-CANTON EDUCATIONAL PARK
STUDENT PARKING APPLICATION
2011-2012

HOME SCHOOL: CANTON SALEM PLYMOUTH

GRADE: JUNIOR SENIOR

NAME: _____ ID# _____

ADDRESS: _____

CITY: _____ PHONE: _____

DRIVER'S LICENSE NUMBER: _ _ _ _ _

PRIMARY VEHICLE:

MAKE _____ MODEL _____

YEAR _____ LICENSE PLATE _____ COLOR _____

PLYMOUTH LOT ONLY: By signing, I affirm that I have read the rules pertaining to parking in the Plymouth Lot and I agree to abide by all the rules listed.

STUDENT SIGNATURE: _____

By signing this application, I acknowledge that I will read all rules and regulations pertaining to parking policies set forth by the P-CEP Security Department. I have full knowledge and understanding that I may not return to my vehicle or any parking area during school hours without a pass. I also understand that my driving privileges may be revoked for any violation of these regulations.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____