

**STAFFORD HIGH SCHOOL
PARKING/DRIVING PERMIT APPLICATION
2020/2021**

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ **WORK TELEPHONE:** _____

CELL PHONE: _____

VEHICLE INFORMATION

MAKE	MODEL	COLOR	LICENSE PLATE
1.			
2.			
3.			
4.			

INSURANCE CARRIER: _____

DRIVER'S LICENSE NUMBER: _____

HANDICAPPED PARKING PERMIT: ___ YES ___ NO

PAYMENT: NO PAYMENT WILL BE COLLECTED WHILE SCHOOL IS ON THE HYBRID AND DISTANCE LEARNING PLANS.

PAYMENT WILL BE PRORATED ONCE SCHOOL IS IN THE GREEN PLAN.

It is understood that the operation of a motor vehicle on the high school campus is a major responsibility. Students who opt to drive to school with parental permission assume the responsibility to arrive to school on time. Vehicle problems will not be considered an acceptable excuse for lateness or absences.

It is also understood that the issuance of this permit in no way implies liability for the safety of any vehicle by the Stafford Board of Education or the Town of Stafford. The opportunity for students to operate a motor vehicle on the school campus is a privilege and all parking/driving regulations are under the control of the administration.

I give my son/daughter my permission to operate a motor vehicle under the conditions noted above and in the Stafford High School Use Of Automobile Regulation 2020/2021.

PARENT SIGNATURE: _____

DATE: _____

THIS COMPLETED AND SIGNED PERMIT APPLICATION MUST BE SUBMITTED TO THE ASSISTANT PRINCIPAL FOR REVIEW AND PROCESSING.



For office use only

SCHOOL OFFICIAL SIGNATURE: _____

DATE: _____

APPROVED: _____ **DISAPPROVED:** _____

STAFFORD HIGH SCHOOL PERMIT NUMBER: _____