

STUDENT PARKING PERMIT

This Contract bit	nds:			
Student Driver:		I	Date of Birth:	Grade:
Parent/Guardian	Please Print Please Print			
Parent/Guardian	: Please Print			
D. (I.C. (
Parent Informati	on:			
Address:	Street	City	State	Zip Code
Phone:	Home		Work	
Best Email:	Tronc		Work	
Vehicle:	Year	Make	Model	Color
License Plate: _				
Students Allowe	ed to ride in vehicle with	Student Driver:		
I acknowledge that driving a car to school is a privilege and that Thomas MacLaren School has the right to search the Student Driver's car when on school property or at school sponsored events. Moreover, I acknowledge that the privilege of a parking permit may be taken away for violation of any of MacLaren's policies about driving and parking, and any sort of reckless driving.				
Student Driver Signature			Date	
Parent Signature			Date	

Student Parking Permit 2018-2019