



MAP ACADEMY

Student Parking Permit Form 2019-2020

Date of application: _____

Student Name: _____

Car Make: _____

Car Model: _____

License Plate: _____

Driver's License Number: _____

****You must submit this form with a copy of your registration and driver's license****

Upon issuing the permit must be placed on the drivers side back windshield.

I agree to abide by the rules outlined in the Student Handbook regarding driving and parking on campus. I understand that driving and parking on campus is a privilege, not a right, and that this privilege can be revoked at any time by the school with or without advance notice.

Student Signature

Parent/Guardian Signature (under 18)

Office Use Only:

License presented and copy made for file

Current MA Registration presented and copy made for file

Permit number assigned: _____