



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: \_\_\_\_\_

