

Seacoast School of Technology

Parking Permit Application

2011/2012

Please clearly print all requested information.

Student's Name:

_____	_____	_____
Last	First	Middle

<input type="checkbox"/> AM
<input type="checkbox"/> MID
<input type="checkbox"/> PM

Program: _____

Vehicle information:

Make: _____	Model: _____	Year: _____
Color: _____	Plate # _____	State: _____
Registered to _____		
Relationship (check one): <input type="checkbox"/> self <input type="checkbox"/> parent/guardian <input type="checkbox"/> other(permission required)		

I have read the Parking Regulations for 2011-2012. I understand them and agree to abide by them.

Student signature: _____ date _____

Parent signature: _____ date _____

OFFICE USE ONLY

session & program verified

sending school approval

registration verified

valid driver's license

signatures

Payment: check # _____

cash

Permit # _____

Date _____

Approval _____