

Grace Academy

STUDENT PARKING PERMIT

2011-2012

REGISTRATION FORM:

_____ has our permission to drive our car(s) to and from
(Student's Name)

Grace Academy:

Car #1

Car #2

Make/Model _____

License # _____

State _____

As _____ parents, we give him/her permission to transport to
(Student's Name)
and from school the following people. (I understand that their parents also need to give permission.)

Student Name(s)

Grade

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

The school will determine the parking zone for the student driver.

Date

Parent's Signature

This information will be kept on file. If anything changes, please stop by the office to update. Thank you.

