

The Hawbridge School Student Parking Application

2018-2019 School Year

Please return the completed application and fee to Mr. Feldman, Assistant Director.

Student First and Last Name: _____

Grade level: _____ NCDL #: _____

	Vehicle 1:	Vehicle 2: (optional)
Make <i>Ex: Toyota</i>		
Model <i>Ex: Corolla</i>		
Year		
Color		
License Plate #		

***Along with the completion of this application, you must provide a copy of your valid North Carolina Driver's License (permits will not be accepted) and payment of the \$30.00 parking fee.**

By signing below, you and your parent/guardian agree to the Hawbridge Parking and Safety Guidelines as outlined in the Student Handbook. You also understand that your parking privileges may be revoked should you violate any of these guidelines.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

For office use only:

- Copy of NCDL received
- Signed application by parent and student
- Parking fee paid
- Parking pass granted

Parking Pass #: _____