## RETURN TO THE OFFICE ONCE SIGNATURES ARE PROVIDED.

## ADMIRAL PEARY AREA VO-TECH SCHOOL - STUDENT PARKING PERMIT

-	Driver	Passenger	
Yearly Parking Permit	Temporary Parking	PermitVehicle Repair Work P	arking Permit
Date:		Date Driving:	
Name:		Course:	
Make/Model of Auto:		License Plate #:	
Color of Auto:		Year:	
Reason for Driving:			
<ul> <li>I hereby give my son/daughter</li> </ul>	r	permission to drive to	APAVTS. I also
give my permission to transpo	rt the following students	to and from APAVTS as a passenger.	
		, ,,	
I hereby give my son/daughter	r	permission to ride as a passe	enger with
	to and from A	PAVTS in his/her vehicle.	
Driver and Passenger must be from sa	ame Home School.		
The Student assumes all responsibility responsible for any loss, theft, damage		schools and while being at the Vo-Tech. o the vehicle while on school property.	APAVTS is not
		e a \$5.00 charge for a replacement permit include address and phone number of iss	
Student Signature		Parent/Guardian Signature	
Home School Adm. Signature	Instructor Signatu	re Vo-Tech Adm. Signature	

<sup>\*</sup>Students will park in the lower parking level; obey the one-way traffic signs and at dismissal times, must not leave school grounds until all busses have left the school premises.