

STUDENT VEHICLE PARKING PERMIT APPLICATION
Upper Cape Cod Regional Technical School
Practical Nurse Program
Academic Year 2021-2022

SELECT ONE: _____ I am a FULL-TIME Student _____ I am a PART-TIME Student

- Upper Cape Cod Regional Technical School is not responsible for damage or loss to a Practical Nurse Program student's vehicle while parked on school property.
- Practical Nurse Program students are subject to Upper Cape Cod Regional Technical Schools "Traffic Control Policy" as stated in the UCT Student Handbook.
- The Parking Permit will be affixed to the windshield of the vehicle as instructed at the time the permit is issued to the student.

A COPY OF YOUR VEHICLE REGISTRATION IS REQUIRED AT ISSUE OF THIS PERMIT.

PN STUDENT NAME: _____

ADDRESS: _____

CELL PHONE NUMBER: _____

EMAIL: _____

VEHICLE DESCRIPTION:

MAKE: _____ MODEL: _____ YEAR: _____

LICENSE PLATE #: _____ COLOR: _____

My signature below indicates that I understand that any motor vehicle violations will be reported to the BOURNE POLICE DEPARTMENT and the REGISTRY OF MOTOR VEHICLES. I also understand that I am responsible to adhere to the UCT "Traffic Control Policy".

DATE

SIGNATURE of STUDENT

\$5.00 Paid DATE: _____ PERMIT #: _____ DATE ISSUED: _____