STUDENT VEHICLE PARKING PERMIT APPLICATION

Upper Cape Cod Regional Technical School’s

Practical Nurse Program **DAYS** – Academic Year 2018-2019

* 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 student’s 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 by Mr. Osgood, UCT Safety & Security Specialist.

***A COPY OF YOUR DRIVER’S LICENSE & 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 Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERMIT No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_