



APPLICATION FOR CAR PARKING AT SADADEEN CAMPUS

Details

Driver's Name:	_____	Year Level:	_____
Address	_____		
Car Owner's Name(s)	_____	_____	_____
Make of Cars(s)	_____	_____	_____
Rego Numbers(s)	_____	_____	_____
Model(s)	_____	_____	_____
Colour(s)	_____	_____	_____

Passengers

Name and Year Level	Address	Passengers Parent's Name & Signature
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Declaration

I/We have discussed the conditions, as per the 'Senior Students Driving & Parking Policy', with our/my child. I/We agree that my son/daughter is allowed to drive to school and should the need arise to carry the above names passengers.

Parent/Guardian (s) Name (s)	Parent/Guardian(s) Signature (s)	Dated
_____	_____	_____
_____	_____	_____

I agree to the conditions, as per the 'Senior Students Driving & Parking Policy'.

Students Name	Students Signature	Dated
_____	_____	_____