



MONROE ACADEMY

4096 S. ALABAMA AVE.
MONROEVILLE, ALABAMA 36460

RE: Monroe Academy Parking Permit Application
\$20.00 fee

MATT COKER
HEADMASTER

TELEPHONE: 251-743-3932
FAX: 251-743-4267

Student: _____ Grade: _____

Driver's License #: _____ Insurance Company: _____
(Attach Copy) Must be 16 to receive permit (Attach Copy of Proof of Insurance)

Vehicle: _____ Color: _____ Tag # _____ Large Truck
Type (ex. Honda Accord) Y N

Additional permits may be purchased for additional vehicles at a cost of \$5.00 per decal.

_____ Type _____ Color _____ Tag # _____

_____ Type _____ Color _____ Tag # _____

Application will not be accepted unless complete and correct documents are provided.

- A. Driving is a privilege at Monroe Academy. Students should have no debts with the school. Students must have a valid driver's license and proof of insurance (according to Alabama Law) to purchase a parking permit.
- B. Students can lose the right to park on campus for the following reasons:
 - a. Illegal driving maneuvers (i.e. passing a stopped car, going the wrong way through parking lot, excessive speed, or not yielding to pedestrians)
 - b. Drug related incidents
 - c. Incidents of leaving campus during school hours in vehicle with following correct check out procedures.
 - d. Students swapping parking spaces with administrative approval or parking in someone else's spot.
 - e. Revocation of valid driver's license due to traffic offence.

I, _____ (student), have read this form and understand Parts A and B of this form. In signing this form, I am accepting a warning for Part B.

_____ Student Signature _____ Date

In order for this transaction to be valid, a parent must sign the form prior to turning in form to the office. Failure to do so will invalidate the transaction and a permit will not be issued.

_____ Parent Signature _____ Date

OFFICE ONLY... Decal #: _____ Paid: cash _____ Ck # _____