

Please complete and return to the school office
EASTGATE PARKING PERMIT APPLICATION FORM
2015/2016

Name

Child's Name

Address

.....

Vehicle registration number car 1

Vehicle registration number car 2 (optional)

I have read and understood the restrictions as outlined in the

enclosed letter and agree to abide by them.....

I enclose an envelope labelled with my child's name and class

I enclose £5 administration fee.....

Signature of parent

Date

This section to be completed by school

Date issued

Parking permit number