



**PARENTS' PARKING SCHEME  
APPLICATION FORM**

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Please read the accompanying terms and conditions carefully before completing this form. Please note sections marked with an asterisk (\*) must be completed for all applications.

\*Name of parent/guardian in full: Mr/Mrs/Ms \_\_\_\_\_

\*Name of child: \_\_\_\_\_ \*Child's date of birth: \_\_\_\_\_

\*Address: \_\_\_\_\_

\_\_\_\_\_ \*Postcode: \_\_\_\_\_

\*Daytime telephone number: \_\_\_\_\_

\*When did you/will you move to the above address? \_\_\_\_\_

\*Present address if different from above: \_\_\_\_\_

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\*My child will attend (school) \_\_\_\_\_ from (month & year): \_\_\_\_\_  
until (month & year): \_\_\_\_\_

\*He/she will attend between the hours of \_\_\_\_\_ and \_\_\_\_\_

**VEHICLE DETAILS**

Registration number: \_\_\_\_\_ Vehicle make: \_\_\_\_\_

Vehicle model: \_\_\_\_\_ Vehicle colour: \_\_\_\_\_

Existing permit no. (if any): \_\_\_\_\_

Please tick as appropriate: I own the above vehicle

I use, but do not own, the above vehicle

**I undertake to use the permit only for the purpose of collecting and delivering my child to the specified school and for no other purpose.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR SCHOOL USE ONLY

Name of child: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Will be attending this school from (date): \_\_\_\_\_  
until (date): \_\_\_\_\_

For the following hours: \_\_\_\_\_

School stamp:

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## FOR OFFICE USE ONLY

Eligible/ not eligible.

Reason:

Received by
Ch / Ca / PO
Accounting Officer
Electoral roll
Other documents
DVLA
Own / Use
Zone
Permit no:
Date issued:
Date expires:
Input by:
Date:
Amount: