



Lawn Primary  
and Nursery School

## Parking Permit Application Form



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and Nursery School

Please complete the following form to apply for a school parking permit

Child's name(s)		Year Group/Class	
Parent/carer name(s)			
Contact number(s)			
Email address			

Vehicle Make/Model	
Colour	
Registration Number	

Please detail the reason for requesting a permit,

Temporary Medical Need	<input type="checkbox"/>	
Special Circumstances (please give full details):	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

### Declaration

I declare that the information I have given in this application form is true and accurate and that I will inform the school of any changes to my circumstances.

Signed ..... Name ..... Date .....

Office use only:

Date received		Date of SLT meeting	
Approved?	Yes / No	Permit/Code issued	Yes / No
Headteacher Signature and Date		Business Manager Signature and Date	
Parent notified by		Outcome appealed?	Yes / No