

Crossroads FLEX STUDENT PARKING

1. Complete application.
2. Photocopy of North Carolina Driver License.

Name _____	Grade _____
Address _____	Date of Birth _____
Home Phone _____	N.C. Driver License Number _____
Expiration Date of License _____	Date of Issue _____
CARS TO BE PARKED ON CAMPUS	
First:	Year/Make/Model/Color _____
	License Plate Number _____
Second:	Year/Make/Model/Color _____
	License Plate Number _____

By signing, I acknowledge receipt of the "Parking Regulations" and agree to abide by the rules pertaining to operating a vehicle on the Crossroads FLEX campus. I understand that Crossroads FLEX may revoke my parking privilege as a disciplinary consequence for violation of any Crossroads FLEX or WCPSS expectation or policy. I understand and agree to abide by each and all parking regulations outlined by the Wake County Public Schools and Crossroads FLEX.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Student E-mail Address: _____

Parent E-mail Address: _____