

**APPLICATION FOR USE OF PRIVATE AUTOMOBILE
(Non-Marshall Students Only)
SCHOOL YEAR 2009 –20010**

I hereby apply for the privilege of driving an automobile to the Marshall Academy.

If this application is approved, I understand that I am subject to all School Board and local school rules involving the use of automobiles. I understand that any violation on my part will result in my driving privileges being revoked. It is further understood that neither the local school nor the School Board shall be held responsible for damages incurred while on the school grounds or property leased by the school. This permit is non-refundable and non-transferable.

Student Signature _____

Student Name Printed _____

Student's Base School _____

I, the parent or legal guardian of the above named student, approve of this application and understand that all privileges can be revoked at the discretion of the school.

Parent or Legal Guardian Signature _____

Parent E-Mail _____

Home Phone _____ **Business Phone** _____

**AUTOMOBILE REGISTRATION INFORMATION
(Please Print)**

Date: _____

Student's Name _____ Name of Legal Owner _____

Address _____ Vehicle is Insured by _____

City _____ Zip _____

Marshall Academy Class _____ Beginning Time _____

Make of Automobile _____ Model _____

Year _____ Color _____

License Tag # _____ State _____

BASE SCHOOL PERMIT _____ **or FEE PAID** _____ **ACADEMY PERMIT #** _____