



High Point Regional High School

Driving Privilege/Parking Permit Application



Student Name _____ (Office Use) Tag _____

NJ Driver's License # _____ Issue Date _____

Provisional license ___Y___N

Vehicle Description

Vehicle 1 Make _____ Model _____ Color _____ License Plate _____

Vehicle 2 Make _____ Model _____ Color _____ License Plate _____

I, _____, hereby certify that I have attended the HPRHS Drive Right Safe Driving Program
On (date) _____ given by _____.

I further agree to abide by all laws, rules and regulations of the State of New Jersey and High Point Regional High School. I understand that any violation of school rules or State law may result in loss of driving privileges. Any and all traffic violations or police investigations by any law enforcement agency may be shared with the school and may result in additional discipline and loss of privileges.

Student Signature _____

Parent/ Guardian Name _____ Parent/ Guardian Signature _____

Legal guardian signature above indicates that they have attended the mandatory Drive Right Privilege Parent Meeting and have read the HPRHS Driving Rules and Regulations. False information or a forged signature will result in the denial of driving privileges.

The following requirements must be met for parking permit to be issued

- **Copy of NJ Driver's License**
- **Copy of Insurance Card**
- **Copy of Vehicle Registration**
- **Student attended Drive Right Program**
- **Parent/Guardian attended Drive Right Program**

Please bring completed application and all related documents to the Security Office. Students may not drive until parking permit has been issued unless authorized by a main office administrator.