

**Parking Pass Application**  
**Center for Advanced Technical Studies**

916 Mount Vernon Church Road      Chapin, SC 29036      803-476-8600

My son/daughter, \_\_\_\_\_, has my permission to drive the vehicle listed below to the Center for Advanced Technical Studies. I understand and agree that if my child is involved in an automobile accident while driving to the Center or home school, the automobile insurance policy covering my son/daughter may be accessed, either by a passenger in my child's vehicle and/or by the driver/passenger of any other automobile involved in any accident.

\_\_\_\_\_  
**Print Name** - Parent or Legal Guardian

\_\_\_\_\_  
**Signature** - Parent or Legal Guardian

\_\_\_\_\_  
Date

Your child must have a Home School parking pass prior to receiving a parking pass from The Center. The home school parking pass must accompany your application for a Center pass. **This does not apply to FIVE students.**

**Home High School:** \_\_\_\_\_ **Home School Parking Pass #** \_\_\_\_\_

In the absence of a "Home School" parking pass, please attach a copy of your child's: **FIVE students will need to provide these documents to receive a parking pass.**

- Driver's License
- Alive@25 Certificate
- Proof of Vehicle Insurance that reflects current coverage

\_\_\_\_\_  
**Print Name** - Student Driver

\_\_\_\_\_  
**Signature** - Student Driver

\_\_\_\_\_  
Date

**Important Note:** The Center will assign each student a parking pass # in our "system". **However, there are no assigned parking places in our "physical" parking area.** Spring Hill High School and The Center share a student parking lot. All Center students must park in the paved student parking area closest to Mount Vernon Church Road. Students may park in any available space on that end.

Year of vehicle: \_\_\_\_\_ Vehicle License Plate # \_\_\_\_\_

Make and Color: \_\_\_\_\_

**For Administrative Purposes:**     Verification of Home School Parking Pass    **or**  
 Copy of DL     Copy of Vehicle Insurance     Copy of Alive@25 Certificate

**Center Program or Teacher:**  
**A-Day or B-Day:**

**Center Parking Pass #**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Policy IJOA-E4