

The King's Academy – Parking Permit Application Form

For Access to Visitors' Car Park – Effective from 1st September 2025

Parent/Carer Details

Full Name: _____

Phone Number: _____

Email Address: _____

Student Details

Full Name: _____

Year Group/Form: _____

Vehicle Details

Make and Model: _____

Colour: _____

Registration Number (Number Plate): _____

Reason for Parking Permit Application

(Please tick one and provide details below)

- ☐ My child has a diagnosed disability
- ☐ My child has a temporary injury (e.g. broken leg)
- ☐ Other exceptional circumstance (please explain below)

Please provide a brief description of the need for a parking permit:

Supporting Evidence (if applicable)

Please attach any relevant documentation (e.g. medical note, EHCP, temporary injury evidence).

Declaration

I confirm that the information provided is accurate and that I understand:

- Permits are only issued for exceptional need
- The vehicle must display the permit clearly in the front window
- Vehicles will not be permitted to leave the site until 3:15pm
- Misuse of the permit may result in withdrawal of permission

Signature (Parent/Carer): _____

Date: _____

Please return this form to the school office or complete the online version on the academy website.