



## Application for Disabled Parking / Afternoon Drive-Through Access at BCPS

Parent/Carer Name:

Name of person with mobility issues:

(please tick)      Driver / collector       Child

Name(s) of child(ren) being collected:

**Disability information**

Blue badge number (if applicable) (6 digits):

Expiry date:

Please state nature of the disability:

Please state the pattern of use (e.g. specific dates / every Monday / every day / until a specified date, etc)

I agree that:

- The application has been completed to the best of my knowledge.
- The person who has the disability is either a collector or child within the school.
- If issued with a permit, I will not allow it to be used dishonestly.

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_

Office use only			
Date form received:			
Parking Permit Authorised	<input type="checkbox"/>	Drive-Through Permit Authorised	<input type="checkbox"/>
Parking Permit Unauthorised	<input type="checkbox"/>	Dive Through Permit Unauthorised	<input type="checkbox"/>

SIGNED: \_\_\_\_\_ HEADTEACHER \_\_\_\_\_ DATE \_\_\_\_\_