

Parking Permit Application

2011-2012 School Year

Student Information: Please print

Name:	Date:
Address:	Phone:
Date of Birth:	Grade:
Driver's License #:	

Vehicle Information: Please print

Make:	Model:
Color:	Year:
Registered to:	License Plate #:
Proof of Insurance:	

Vehicle Information: Please print

For Additional Vehicle you may drive:

Make:	Model:
Color:	Year:
Registered to:	License Plate #:
Proof of Insurance:	

Note to Students and Parents/Guardians:

Driving to school and parking on school property are privileges which come with responsibilities. By applying for and signing this application, the student and parent/guardian agree that the student shall: obey all traffic and all school rules related to driving and the parking lot; drive responsibly; park responsibly; maintain the Parking Permit in the car's front window, hanging from the rearview mirror with the number facing outward.

Students who receive three (3) parking violations will have their privileges revoked.

There will be a \$5.00 fee for students who do not returned the parking permit issued to them.

Student Signature

Date

Parent/Guardian Signature

Date

Office Use only:

Permit # granted: _____

Returned Permit _____