



PARKING PERMIT APPLICATION
HIGH SCHOOL STUDENTS

Please print clearly! Use Ø for zero.

Student's Last Name First Name Middle Name
High School Currently Attending: Grade Date of Birth
Parent/Guardian Last Name First Name Home Phone
Street Address City State Zip Code
Student's email address: Parent/Guardian's email address

THE STUDENT LISTED ABOVE NEED TO DRIVE TO SCHOOL FOR THE FOLLOWING REASONS:

Mentoring, pd(s) CRD, pd(s)
Release Time, pd(s)
I am involved in the following activities: Employment after school:
Employer
Employer's phone number
Work Days/Hours
Employer's Contact Person
Other (specify)

AUTO INFORMATION

Primary Vehicle: Year Make Model Color License Plate
Alternate Vehicle: Year Make Model Color License Plate

STUDENT/PARENT

We have read and understand school parking regulations and agree to comply with them. To our knowledge, the above information is correct. We understand that we must attend the Driver Safety Presentation in order to receive a parking permit. We plan on completing the Parent/Guardian/Teen Driving Contract.

Student Signature
Parent/Guardian Signature

TO BE COMPLETED BY OFFICE STAFF

Fee Paid \$ Permit Number Issued
Staff's Signature Date