



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

Student attended the Driver Safety Presentation with their Parent/Guardian YES NO
 Student's Driver License Number _____ Presentation Date _____ Location _____
 Fee Paid \$ _____ Permit Number Issued _____
 Staff's Signature _____ Date _____