

## PARKING PERMIT APPLICATION

1. Must be completed fully and accurately or application will not be considered and returned
2. Attach a photocopy of valid student driver's license AND vehicle registration.

Office Use Only

### DRIVER INFORMATION

STUDENT DRIVER'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ HOMEROOM TEACHER \_\_\_\_\_ ROOM # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

DATE ISSUED \_\_\_\_/\_\_\_\_/\_\_\_\_ STATE ISSUED \_\_\_\_\_

PARENT NAME \_\_\_\_\_ CELL # \_\_\_\_\_ HOME # \_\_\_\_\_

### VEHICLE INFORMATION

VEHICLE MAKE/MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

COLOR \_\_\_\_\_ LICENSE TAG NUMBER \_\_\_\_\_

VEHICLE REGISTERED TO \_\_\_\_\_

### JUSTIFICATION

\_\_\_\_ HANDICAPPED (Explain) \_\_\_\_\_

\_\_\_\_ BOUNDARY EXCEPTION (From where) \_\_\_\_\_

\_\_\_\_ DUAL ENROLLMENT (Explain) \_\_\_\_\_

\_\_\_\_ PART TIME STUDENT (Explain) \_\_\_\_\_

\_\_\_\_ SCHOOL SPONSORED SPORTS/ACTIVITIES (Describe) \_\_\_\_\_

COACH/SPONSOR SIGNATURE (REQUIRED) \_\_\_\_\_

### SIGNATURES

We, the undersigned, have read the parking regulations and agree to abide by them. We understand that failure to comply may result in loss of parking privileges, school disciplinary action, or action by civil authorities.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_