



PARKING PERMIT APPLICATION

HIGH SCHOOL STUDENTS (Revised 8/2021)

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:

<input type="checkbox"/> Mentoring, pd(s) _____	<input type="checkbox"/> CRD, pd(s) _____
<input type="checkbox"/> Release Time, pd(s) _____	
<input type="checkbox"/> I am involved in the following activities: _____ _____ _____	<input type="checkbox"/> Employment after school: Employer _____ Employer's phone number _____ Work Days/Hours _____ Employer's Contact Person _____
<input type="checkbox"/> 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 have completed the Parent-Guardian/Teen Driving Agreement.

Student Signature _____

Parent/Guardian Signature _____

TO BE COMPLETED BY OFFICE STAFF

Student's Driver License Number _____ Student Grade _____ School Year _____

Fee (\$15) Paid \$ _____ Cash | Check _____ Permit Number Issued _____ Other _____

Staff's Signature _____ Date _____