

Application for School Parking Lot Access

Cost: \$30 to paint spot \$10 not painted & Sophomores

Parking Spot #

STUDENT INFORMATION

Student Name		Age		Grade Level
Student Address		City, Zip Code		
	VEHICL	E INFORMA	ATION	
Make of Vehicle:	Model:		Year:	Color:
License Plate #:	State:			
			Name of Insurance Company	
Name of Owner of Title				
	FOLLOW A	ALL DRIVIN	G LAWS	
I hereby approve my child's rea and accurate. I also agree that	•	•	~	· ·
Parent/Guardian Name	Parent/Guar	rdian Signatur	e Da	te
	STUDEN	T INFORMA	ATION	
I,connection with obtaining auth		-	_	
I understand that the parking lo not be used to transport or store criminal law or school rule.		_	~	_
I understand and give school of contents at any time when it is		-	to search the vehi	icle I am driving and its
I authorize school officials and or provides evidence of a crimi			ny item that violat	tes a criminal law or school rule
Office Use:				
\$30/\$10 Parking Fee Paid: Ch School Official Name:			Ī	Date:
Drug Consent Form on file Yo			·	