Student Parking Permit

____________________Tag Number/Parking Space

NAME: ___________________________ GRADE: ____ AGE: ____

ADDRESS: ________________________ PHONE: _____________

MAKE/MODEL (Ex. Honda Accord): ______________ YEAR: ______

COLOR: __________ LICENSE PLATE: __________

- Cost of the pass for the school year is $10 and you must provide copies of Drivers License, Proof of Insurance, and Vehicle Registration. All passes must be returned at the conclusion of the school year or upon withdrawal from school. Lost passes carry a $5 replacement fee.

Acceptance and/or use of this parking permit constitutes acceptance of the fact that neither the issuer or issuer's agent(s) have any responsibility for theft or damages to the vehicle or its contents from any cause whatsoever.

__________________________
print name

__________________________
signature