

21/22 STUDENT PARKING PERMIT

Student Name _____

ID# _____

Vehicle you'll be driving to school:

Make _____ Model _____

Color _____

License Plate# _____

By signing below, I agree to follow the rules of the road and to drive safely in and around the student parking lot and campus.

Student signature _____

Parent signature (if student is under 18)

Staff use only

Driver's License _____

Insurance _____

Payment _____

Parking Sticker # _____