

Student Name: _____ Grade _____ Hang Tag# _____

STUDENT PARKING APPLICATION

VEHICLE TAG NUMBER: _____ STATE: _____

VEHICLE MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____

INSURANCE COMPANY NAME: _____

POLICY#: _____

REGISTERED OWNER: _____

OWNER'S DAYTIME TELEPHONE: _____

CELL PHONE: _____

WHEN YOU RETURN THIS AGREEMENT, YOU MUST INSURE THE FOLLOWING IS DONE:

1. Provide a copy of the vehicle registration.
2. Provide a copy of a valid driver's license for the student named on this application.
3. Insure that you and your parent/guardian understand the rules and regulations and have signed this agreement.

The parking fee for the year is:

\$60.00 at start of year

\$40.00 after fall season

\$20.00 after winter season

Signature of Student

Date of Signature

Printed Name of Student

Signature of Parent/Guardian

Date of Signature

Printed Name of Parent/Guardian