

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Hang Tag# \_\_\_\_\_

Student ID#: \_\_\_\_\_

## 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. Ensure 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