

Eaton High School
Application for Parking Permit

Students Name: _____ EHS _____ MVCTC _____

Address: _____

Residential Parent (s): _____ Phone: _____

Student's Drivers License # _____ Grade: _____

Expiration date- _____

PRIMARY VEHICLE:

Make of Vehicle: _____ Year: _____ Color: _____

Insurance Co: _____ Policy # _____

Insurance Co. Phone # _____ Car License Plate # _____

SECONDARY VEHICLE:

Make of Vehicle: _____ Year: _____ Color: _____

Insurance Co: _____ Policy # _____

Insurance Co Phone # _____ Car License Plate # _____

I verify these vehicles will be insured throughout the school year.

Student Signature _____ Date _____

Parent Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE THIS IS FOR OFFICE USE ONLY.

Return this application to the main office and see student handbook for student parking privileges.

Drug Test Consent Form? _____ Valid Driver's License? _____

Any outstanding fees/fines from previous school years? _____

PERMIT# _____ ISSUED ON _____ APPROVED BY _____

AMOUNT PAID _____ CASH _____ CHECK# _____

Seniors Only Paid to Paint- _____