

Paid: _____

TRI-VALLEY HIGH SCHOOL STUDENT PARKING

Name _____ Grade _____

Address _____

Phone _____ Date _____

Car Make & Model _____

Color _____

Vehicle Plate Number _____

Insurance Company (NOT AGENT) _____

Check One: Full Time Driver: _____ Occasional Driver: _____

****PARKING STICKER MUST BE VISIBLE ON THE FRONT DASH OR PLACED ON THE FRONT WINDSHIELD. VEHICLE MUST BE PARKED IN ASSIGNED SPACE. FAILURE TO ABIDE BY STATE & SCHOOL TRAFFIC RULES CAN CAUSE TERMINATION OF DRIVING PRIVILEGE.**

I agree to follow all state and school traffic rules and understand my parking sticker is to be visible while my vehicle is parked on school grounds during school hours. I further understand that my vehicle can be towed at my expense if it is not parked in the parking space assigned.

TO BE COMPLETED BY OFFICE:

PARKING STICKER # _____

LOT: PIT _____

CAFÉ _____

STUDENT SIGNATURE

PARENT SIGNATURE

****The parking sticker cost is \$2.00. This fee must accompany this application!!**