

Parking Permit Application
Alexander High School

_____ NAME	_____ DATE	_____ GRADE
_____ AGE	_____ BIRTHDATE	

State reasons for desiring a parking permit:

*** Requirements for obtaining a parking permit:

1. Complete Parking Permit Application including student and parent signature.
2. Copy of Driver's License
3. Current copy of insurance verification for the vehicle which you will be driving.
4. Applicant must also have good attendance, grades, disciplinary record, and driving record

*** Student drivers may only be dismissed with a signed note from a parent/guardian.

NO PHONE CALLS

*** Driving privileges may be **revoked/suspended** throughout the school year if student fails to maintain any or all of the above requirements.***

_____ Student's Signature	_____ Parent's Signature
------------------------------	-----------------------------

For Principal Use Only

_____ Application Accepted

_____ Application Denied

Principal's Signature

Date