



Fairview Park City School District

4507 West 213 Street
Fairview Park, OH 44126
440.356.3500
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www.fairviewparkschools.org

Fairview High School Parking Permit Request Form

OFFICE USE ONLY

Permit and Space Number _____

Placed on Waiting List _____

Date of Request _____

Applicant Name _____

Grade _____ Age _____

Address _____

Phone _____

Insurance Company _____

PRIMARY VEHICLE

Make _____ Model _____ Color _____ License Plate # _____

Alternate Vehicle

Make _____ Model _____ Color _____ License Plate # _____

Parents/Guardians,

I give my son/daughter permission to drive to school for the above stated reason. I release the Fairview Park City School District from all responsibility in case of an accident while in route to or from school. I have read the rules and regulations pertaining to student driving permits, and will cooperate with the school in seeing that they are adhered to at all times.

_____ Signature of Parent/Guardian

_____ Signature of Student