

Fairview High School Parking Application

New Drivers to FHS must first take the Checkpoint Training Class prior to purchasing a parking pass.

Date taken _____

Student Name _____ Grade _____

(Print clearly!)

Driver's License Number _____ License Plate # _____

Make _____ Model _____ Year _____ Color _____

Insured by _____ Policy Number _____

(Insurance Company)

Permit number _____ Payment verified _____

