

Troy High School Parking Pass

Student Parking Application 2024-2025

Bring current Proof of Insurance, State of Michigan Registration

TAG Number: _____ **Grade:** _____

Student/Driver Information:

Student First Name: _____

Student Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Addl. Phone: (____) _____

Vehicle Information:

Year	Model	Exterior Color	Plate Number	Insurance Exp.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Guardian Section: (to be completed by the parent/guardian)

_____ has permission to drive the vehicle(s) listed above to school. It is understood that the violation of any driving and/or parking regulations WILL RESULT in the suspension of this privilege.

Parent/Guardian Signature: _____

Parent/Guardian Phone: (____) _____ Date: ____ / ____ /20____

Student Signature: _____

Student Phone: (____) _____ Date: ____ / ____ /20____

APPLICATIONS MUST INCLUDE PROOF OF INSURANCE, CURRENT STATE VEHICLE REGISTRATION, AND PARKING PASS FEE