DO NOT WRITE IN THIS BOX
Grade Level:
Hangtag #

RSHS PARKING APPLICATION

Student Name (Print):				Grade:	
Address:					
City, St, Zip:					
Parent/Legal Guardi	an (Print):				
Student's Driver's L	icense #:				
List the vehicle norr	mally driven by the stractionally (registration	udent, followe	ed by any other	vehicles that the	
Manufacturer	Model	Year	Color	License Tag #	
rms and conditions of	student and parent/gu of the "RSHS Parking vehicle as outlined in	Rules and Re	gulations," inc	luding consent to	
udent Signature	Date	– — Parer	nt Signature	Date	

Submit this form with the required documents:

- A **valid** registration card for the primary vehicle A **valid** driver's license for the student
- Payment for outstanding fines and parking permit (please have correct change)