

High School Student Parking Pass Application  
Commonwealth of Virginia | Department of Education

**Student Registration**  
*Please print clearly.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP

Driver's License Information (Select One):

Driver's License: # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Parent/ Guardian Information**  
*Please print clearly.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Email: \_\_\_\_\_

**Vehicle Information**  
*Please print clearly.*

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

**Parent/ Guardian/ Student Certification**  
*I certify that the information submitted in this application is correct.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_ Decal #: \_\_\_\_\_

Verified:  Driver's License/ Driver Privilege Card  Vehicle Registration Date: \_\_\_\_\_