

SCHS PARKING PERMIT REGISTRATION

Students must have all outstanding fees paid before a permit will be issued

Name of Student (print): _____

Preferred Parking Lot (circle): preferred lot cannot be guaranteed

Oversized vehicles will only be allowed in Gray or Green Parking lots

***Students registered for Co-op, CEO, or Nursing/Phlebotomy must park in the Green lot. ***

Front Lot Parking – Green Back Parking – White Football Parking – Red
Baseball Parking – Gray Free Parallel Street Parking - Yellow

Year _____ Make _____

Model _____ Color _____

Vehicle License Plate # _____

Driver's License # _____

(Student must have a valid driver's license in order to apply for a parking permit.)

Person to whom the vehicle is registered:

Name _____ Phone _____

Address _____

I, _____, have read, understand, and agree to abide by the rules and regulations for vehicles as stated in the student handbook.
(Student Signature)

STUDENTS

Please print.

Student _____ **School Year** _____

Parent/Guardian Signature

Student Signature

Office Use Only:

Issued Permit: _____

\$ _____ fee paid on ___/___/___

Valid driver's license? ___ (initial)