

Odessa High School
Student Parking Permits

Student's Name (Print): _____

Address: _____

Student's Phone Number(s): _____

Grade Level (2026-2027): _____ Corral: _____

Student ID Number: _____

Student's Driver's License Number: _____ State: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Year: _____ Vehicle Color: _____

Vehicle License Plate Number: _____

Insurance Company (Must see proof): _____

Parent Contact Information:

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

FOR OFFICE USE ONLY

Parking Permit Number: _____

Form of Payment: Check # _____ Money Order # _____ Cash _____

Bookkeeper Signature: _____