SCHOOL YEAR - 2026-2027 DECAL # _____ LOT#_____

KILGORE HIGH SCHOOL

STUDENT VEHICLE REGISTRATION

NAME: _____
Last First MI

STUDENT ID# _____ GRADE_____ DATE_____

1. Driver's License # _____ Expiration Date _____
2. Vehicle License Plate # _____ Car Color _____
3. Parent Contact # _____ Student Contact # _____

MAKE & MODEL OF VEHICLE: _____

TEMPORARY PARKING STICKERS

1. VEHICLE LICENSE #_____ CAR COLOR _____
Temp# _____ MAKE & MODEL OF VEHICLE:_____
2. VEHICLE LICENSE #_____ CAR COLOR _____
Temp# _____ MAKE & MODEL OF VEHICLE: _____
3. VEHICLE LICENSE # _____ CAR COLOR _____
Temp# _____ MAKE & MODEL OF VEHICLE: _____

*I must provide a photo copy of my valid driver's license and proof of vehicle insurance to Kilgore High School before I am issued a Parking Decal. I have read the Student Handbook (Hard Copy or On-line) and understand the Kilgore High School student vehicle parking policy. Decal must be placed in the proper area on the vehicle. My vehicle can be searched per District Policy/State or Local Law(s). I will cooperate with these regulations or be subject to Administrative Discipline/Loss of Parking Privilege or my VEHICLE POSSIBILY BEING TOWED. I am responsible for the decal number(s) that I purchase. I fully understand that I must park correctly and ONLY in MY ASSIGNED/APPROVED STUDENT PARKING LOT AREA. I will only move my vehicle from an assigned parking area with permission from a campus administrator or the front office. KHS Administrators reserve the right to assign disciple to students' that park in campus lots.

x_____ _____
Student Signature Date

OFFICE USE ONLY Drug Testing Permission Received_____

Driver's License Copy Received _____ DECAL # _____ LOT#_____

Warning(s) Issued:

Privileges Suspended:

Discipline Points Assigned: