

# Parking Permit

Name	
Address	
Phone	License Plate #
Car: Make	Model
Office Use Only: Pass #	

Dear Parent,

Please read, review and discuss the attached Parking Permit Rules and Guidelines with your son or daughter. Sign and return this form to the office within 7 days of enrollment.

I have read and discussed the Parking Permit Rules and Guidelines with my son/daughter and understand that any violations may result in the loss of his/her driving privileges. This signed acknowledgement will remain on file with the parking permit.

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Parent Signature

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Student Signature

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Date

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Date