

Parking tag # _____ Date _____

Assigned Parking Lot _____

Parking Permit Application 2010-2011

Due to limited parking spaces, applicants may not be granted a parking decal.

Student's full name (print) _____ Grade _____

Student ID # _____

Parent(s)/Guardian(s) Name(s): (print) _____

Street Address _____

City _____ Zip _____

Home Phone: _____ Student Cell #: _____

1st Parent Work #: _____ 1st Parent Cell #: _____

2nd Parent Work #: _____ 2nd Parent Cell #: _____

#1) Vehicle Information: (Vehicle #1) Make/Model: _____

Year: _____ License Plate #: _____

#2) Vehicle Information: (Vehicle #2) Make/Model: _____

Year: _____ License Plate #: _____

#3) Any additional vehicles: Make: _____ Year: _____ Plate #: _____

I have read, understand, and will obey the GBHS parking regulations. I understand revocation of the privilege to drive, use, or have any vehicle on school property will be the consequence for failure to comply with any of these regulations. I will notify the Security Staff of any vehicle or license plate changes during the school year.

*** I have listed below the following school activities that may require me to park on school grounds after regular school hours:**

1. _____ 2. _____

3. _____ 4. _____

Student signature:

I have read, understand, and have reviewed the GBHS parking regulations with my child. I understand revocation of the privilege to drive, use, or have any vehicle on school property will be the consequence for his/her failure to comply with any of these regulations. I further understand that due to the growth in student population, my child may not receive a parking tag.

Parent/Guardian signature:
