

Date _____ **Parking Tag #** _____

Student Requested Parking Lot _____ Assigned Parking Lot _____
(Student request will be considered but may or may not be granted)

Senior/Junior Parking Permit Application 2009-2010

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. _____ 3. _____

2. _____ 4. _____

Student signature: _____ Date: _____

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 am witness that my child's information listed above is correct to the best of my knowledge and that my child is properly insured to operate this vehicle. The insurance company is _____.

Parent/Guardian signature: _____ Date: _____