

PARKING PERMIT APPLICATION FORM

(PLEASE PRINT)

postmark date _____

Parking lot & spot # _____

DRIVER INFORMATION

Driver's Name _____ Year in School _____

Date of Birth mo ___ day ___ yr ___ Driver's license number: _____

Address: _____ Phone no. _____

Insurance Company _____ Name of Policy Holder _____

One-way mileage from home to SFHS _____ miles

VEHICLE INFORMATION

List all vehicles that you might be driving to school on any given day.

| Description | Primary | Secondary | Secondary |
|-----------------|---------|-----------|-----------|
| License Plate | | | |
| Make of Vehicle | | | |
| Model | | | |
| Basic Color | | | |

SUMMARY OF PASSENGER INFORMATION

Passenger Verification Form must be complete

| Passenger's Name | Year in School | Parent's Initials |
|------------------|----------------|-------------------|
| 1) | | |
| 2) | | |
| 3) | | |

SIGNATURES AND AGREEMENT

- I understand that parking on campus at St. Francis High School is a privilege. I agree to follow all of the stated and understood policies that are essential with this privilege. (Refer to *Student-Parent Handbook*)
- I give my permission for my child to be considered as an applicant for a parking permit, and I will provide my child the guidance and assistance necessary to be a responsible and safe driver.

(Student's Signature)

Date _____

(Parent's Signature)

Date _____

**Please NO Hand Deliveries
After May 28, 2010
Postmark must be prior to August 1, 2010**