

Central High School Parking Registration & Rules

2019-2020

Driver Name _____ Student ID # _____

Grade _____ Date of Birth _____

Address _____ City _____ State _____

Driver's Phone Number _____

Parent Contact Number _____

Driver License Number _____

Vehicle Information: (you can have up to 3 vehicles listed)

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Color</u>	<u>Tag Number</u>

I have read and understand the Student Parking Regulations.

Signature _____ Date _____

Office Use:

Permit Number _____ (Dream Team) _____

Full (\$40) _____ Half (\$20) _____

Paid: Cash _____ Check _____

Drug Consent on File_(Y) ____ (N) _____