PARKING SPACE #_____ $20.00 FEE PAID_____

NO CHARGE_____

PEARL HIGH SCHOOL
PARKING PERMIT
2024-2025

NAME_____

ADDRESS_____

PHONE #_____GRADE_____DOB_____

TYPE OF VEHICLE

_____

TAG

#_____COLOR_____

DRIVERS LICENSE AND INSURANCE CARD MUST BE PROVIDE

PICTURES ON PHONE WILL *NOT* BE ACCEPTED

EXACT CHANGE RQUIRED

I understand that if I change vehicles or if my tag number changes I will notify the office immediately.

I understand that I must drive to school on a regular basis to purchase a parking space. If I am only driving on a part-time basis I will need to advise the office of my situation. Failure to comply with this agreement will result in termination of my parking space.

If I withdraw or if for any reason stop driving to school I will notify the office immediately.

PARKING SPACES ARE NON-TRANSFERRABLE

STUDENTS SIGNATURE_____

(Required after completion of application)