Central High School Student Parking Registration

Driver's name		Student ID#		
Grade	of Birth			
Permanent Address				
City	State Cell number			
Parent's name	Cell number			
Driver's license num	ıber			
Ve	hicle Information	: (You may list	up to three (3) veh	nicles).
Make	Model	Year	Color	Tag number
				·
1st Offense2nd Offense3rd Offense	e : Loss of parking pr e: Loss of parking pr	rivileges on campi ivileges on campi	sequences: as for the remainder o as from the remainder ving consecutive seme	of the semester in
I have read and un	derstand the Stude	ent Parking Regu	ılations.	
Student Signature Printed			ne	Date
Office Use Only	:			
Permit number			Dream Team number	
Full (\$40)			Half (\$20)	
Paid: Cash			Check	
Drug Consent on F	rile (Y))	_ (N)	