

Central High School Parking Registration
2023-2024

Driver Name: _____ Student ID# _____

Grade: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Driver's Phone # _____

Parent Name: _____ Contact # _____

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 #</u>

I have read and understand the Student Parking Regulations.

Student Signature: _____ Date: _____

Office Use Only:

Permit # _____ (Dream Team #) _____

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

Paid: Cash _____ Check _____

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