



Lutheran High School Vehicle Registration and Parking Permit Application

2020-2021

Student Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade Level 2020-2021: _____

Driver's License # _____ Expiration Date: _____

Home Phone: (____) _____ Student Cell: (____) _____

Primary Parent Contact (Name): _____ Parent Cell: (____) _____

Please list all vehicles used by student:

Primary Vehicle Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____

2nd Vehicle Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____

3rd Vehicle Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____

Attach a copy of your Driver's License and proof of insurance.

I have read and understand the school parking rules and regulations. I understand that violations of the parking rules and/or regulations may result in discipline, fines, my car being towed, and/or the loss of parking privileges. Further, I understand that my vehicle may be searched at the discretion of the Assistant Principal or his designee. I verify that all of the information listed above is correct.

Student Signature

Parent/Guardian Signature

<i>Office Use Only</i>		
Permit Color: _____	Permit #: _____	Date Issued: _____