



**2021-2022 LUTHERAN HIGH SCHOOL VEHICLE REGISTRATION  
AND PARKING PERMIT APPLICATION**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level 2021-2022: \_\_\_\_\_

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: \_\_\_\_\_

2<sup>nd</sup> Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

3<sup>rd</sup> 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

*Office Use Only*

Permit Color: \_\_\_\_\_ Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_