**Stevenson High School**

**Senior**

**2024-2025 PARKING PERMIT APPLICATION**

Fees checked\_\_\_\_\_\_\_\_\_ Attendance Checked\_\_\_\_\_\_\_\_\_\_\_\_ 2024-2025 Permit #\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Vehicles must be registered to a family member to qualify for a parking permit. \*\*A copy of the student driver’s license and registration for each vehicle must be provided with this application.**

#1 VEHICLE: MAKE \_\_\_\_\_\_\_\_\_\_\_\_ MODEL\_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_ COLOR\_\_\_\_\_\_

REGISTERED TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LICENSE PLATE \_\_\_\_\_\_\_\_\_\_\_

#2 VEHICLE: MAKE \_\_\_\_\_\_\_\_\_\_\_\_ MODEL\_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_ COLOR\_\_\_\_\_\_

REGISTERED TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LICENSE PLATE \_\_\_\_\_\_\_\_\_\_\_

#3 VEHICLE: MAKE \_\_\_\_\_\_\_\_\_\_\_\_ MODEL\_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_ COLOR\_\_\_\_\_\_

REGISTERED TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LICENSE PLATE \_\_\_\_\_\_\_\_\_\_\_

The cost of a permit is $50.

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| --- | --- |
| **If the parking permit is lost the replacement cost will be $80.** **If your vehicle is sold or totaled by your insurance company, please be sure to retrieve your parking permit or your student will** | |
| **be charged the $80 replacement cost** |  |

We have read the Stevenson High School Student Parking Policies and Regulations and understand that failure to follow any of these rules can result in the loss of parking privileges and/or suspension. I firmly support this policy in an effort to facilitate success for my student.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_ Parent Work Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parents Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_