

# Student Parking Permit Application

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

Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_ License Tag: \_\_\_\_\_ State: \_\_\_\_\_

Car Make: \_\_\_\_\_ Car Model: \_\_\_\_\_

Color of Car: \_\_\_\_\_


Student must bring a Copy of the following:

1. Copy of Driver's License
2. Copy of Registration
3. Copy of Insurance Card
4. Show proof of \$50.00 Paid by EZPAY or exact Cash
5. Copy of last year's 4<sup>th</sup> quarter report card

Signature: \_\_\_\_\_

Disclaimer: By signing above, I am aware that my privileges to park on school grounds may be revoked at any time due to not parking in the correct spot, having unauthorized material, driving erratically or speeding while on campus, allowing someone other than myself to drive my vehicle on school property or allowing middle school student other than sibling to ride in my vehicle. Any disciplinary action that is taken up against me during school hours or on school property is also grounds for revoking driving and parking privileges.

----- ADMIN ONLY -----

<p>Spot #: _____</p> <p>_____</p> <p>Dean Signature</p>	 <p>AVANT GARDE - ACADEMY -</p>
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