

**PARKING PASS
2018-2019 SCHOOL YEAR**

Student Name _____ Grade Level for 2018-2019 _____

Address _____ Phone Number _____

Make of Car _____ Model of Car _____
(Ford, Pontiac, Honda etc.) (Explorer, Grand Prix, Altima etc.)

Color of Car _____

License Plate # _____

**** (This is mandatory – do not turn in without it)**

DO NOT WRITE BELOW THIS LINE

Order turned in _____ Date turned in _____

\$30 Fee Paid: _____ Cash _____ Check # _____

Assigned Parking Spot _____