

Royalton-Hartland 2008-2009 Student Parking Permit Application

Today's date: _____

Student: _____ Senior Junior
Last First Middle circle one

Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone: _____

VEHICLE YOU WISH TO REGISTER:

Make: _____ Model: _____ Year: _____

Plate#: _____ Color: _____

Reason for need to park: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____

***Only complete if applying for employment reason: please see requirements letter for employment instructions.

Employer: _____ Phone: _____

Contact Person: _____

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To be completed by school:

Attendance approval: Yes No Date: _____

Academic approval: Yes No Date: _____

Administration approval: Yes No Date: _____

Permit Approved: Yes No Date: _____

Permit #: _____ Date of issue: _____

Submit to: The Assistant Principal office, Mr. Bell or Office Secretary.
Parking spaces are limited to availability.