



PASS NUMBER: \_\_\_\_\_

## REQUEST FOR STUDENT PARKING PASS

\_\_\_\_\_  
LAST NAME, FIRST NAME, MIDDLE

\_\_\_\_\_  
AGE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
YEAR AND MAKE OF CAR

\_\_\_\_\_  
COLOR

\_\_\_\_\_  
PLATE NUMBER

\_\_\_\_\_  
THIS CAR IS OWNED BY

\_\_\_\_\_  
PROGRAM

\_\_\_\_\_  
HOMEROOM TEACHER

I have read the regulations for student driving and agree to abide by these regulations. I understand that if I fail to follow parking & driving rules, as well as the rules of the JVS, my privilege to park this vehicle on JVS property may be revoked. That revocation may be from 5 days to the remainder of the school year. Students are to park in those lots designated for students.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

I HAVE LIABILITY INSURANCE ON THIS VEHICLE: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE IF A MINOR