

# LHS Parking Application



Lovejoy High School  
2011-2012

Student Name \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: ( ) \_\_\_\_ - \_\_\_\_\_

Parent Cell: ( ) \_\_\_\_ - \_\_\_\_\_

Student Cell: ( ) \_\_\_\_ - \_\_\_\_\_

Date of Birth: ( ) \_\_\_\_ - \_\_\_\_\_

Drivers License Number:

Student ID #

Proof of Insurance: (Must be photocopied and attached to the back of this form)

## Primary Vehicle Information

Make Model of Vehicle \_\_\_\_\_

License Plate Number \_\_\_\_\_

## Secondary Vehicle Information

Make Model of Vehicle \_\_\_\_\_

License Plate Number \_\_\_\_\_

This section is for LHS Office Use Only

**Date of Approval**

**Admin:  
Office Use Only**

**Permit Number Assigned:**

**Office Use Only**