

Senior 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**

Painting: Yes No

**Only in Window: 8.9.10 - 8.13.10
Office Use Only**

Permit Number Assigned:

Office Use Only