



**Lutheran High School Vehicle Registration and Parking Permit Application**

**2018-2019**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Student Cell: (\_\_\_\_) \_\_\_\_\_

Primary Parent Contact (Name): \_\_\_\_\_ Parent Cell: (\_\_\_\_) \_\_\_\_\_

**Please list all vehicles used by student:**

Primary Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

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

2<sup>nd</sup> Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

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

3<sup>rd</sup> Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

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

**Attach a copy of your Driver's License and proof of insurance.**

*I have read and understand the school parking rules and regulations. I understand that violations of the parking rules and/or regulations may result in discipline, fines, my car being towed, and/or the loss of parking privileges. Further, I understand that my vehicle may be searched at the discretion of the Dean of Students or his designee. I verify that all of the information listed above is correct.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

|                        |                 |                    |
|------------------------|-----------------|--------------------|
| <i>Office Use Only</i> |                 |                    |
| Permit Color: _____    | Permit #: _____ | Date Issued: _____ |