



Lutheran High School Vehicle Registration and Parking Permit Application

2019-2020

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

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level 2019-2020: \_\_\_\_\_

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: _____