



**2025-2026 LUTHERAN HIGH SCHOOL VEHICLE REGISTRATION
AND PARKING PERMIT APPLICATION**

Student Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade Level 2025-2026: _____

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: _____

2nd Vehicle Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____

3rd 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 Assistant Principal or his designee. I verify that all of the information listed above is correct.

Student Signature

Parent/Guardian Signature

Office Use Only

Permit Color: _____ Permit #: _____ Date Issued: _____