
**JUNIOR/SENIOR 2016-17 PARKING APPLICATION
WARREN TOWNSHIP HIGH SCHOOL - ALMOND CAMPUS**

PLEASE USE BLUE OR BLACK INK:

Student Name: _____ (please print clearly) Parking Permit Number: _____ (leave blank - will be assigned)

Student ID Number: _____ Driver's License Number: _____ (same as temporary permit #)

THE FOLLOWING VEHICLE WILL BE THE PRIMARY VEHICLE DRIVEN TO SCHOOL:

MAKE OF CAR _____ MODEL _____ YEAR _____
COLOR _____ LICENSE PLATE # _____

PLEASE LIST ALL ADDITIONAL FAMILY VEHICLES:

If my primary vehicle is not drivable (example: battery died, needs new tires, needs an oil change, etc.)

I may drive one of the following family vehicles:

It is the student's responsibility to change the hanging tag to the vehicle driven on a given day.

****Failure to do so may result in car receiving a warning sticker.**

(1) MAKE OF CAR _____ MODEL _____ YEAR _____
COLOR _____ LICENSE PLATE # _____

(2) MAKE OF CAR _____ MODEL _____ YEAR _____
COLOR _____ LICENSE PLATE # _____

(3) MAKE OF CAR _____ MODEL _____ YEAR _____
COLOR _____ LICENSE PLATE # _____

*If my car is not drivable, no other family vehicles will be driven: _____

(If true, place an X. By checking this line, I understand that I will not be able to drive any other vehicle. ALL vehicles MUST be listed or risk receiving a warning sticker or being towed.)

I acknowledge that the above vehicles and information are accurate.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE