



Maypearl Secondary School Vehicle Registration-Parking permit

2007/2008 Year

Student: _____ Grade _____ Age _____ DOB ____/____/____

Student cell phone: (____) _____ Parent Cell (____) _____

Parent/Guardian: _____ Address: _____

Home Phone: (____) _____ Work: (____) _____

Student License #: _____ Class _____ Expiration Date: _____

Parking Decal #: _____ Fee paid: _____ Date: _____

Junior/Senior reserved parking: Fee paid: _____ Date: _____

Design approved: _____

Year Make Model Color License Plate #

Insurance Company Policy No. Effective/Expiration Date

I have read and agree with the Student parking rules, regulations and consequences. I will abide by these rules. I understand that should I commit any violation, my privileges may be revoked and school disciplinary/legal action may be taken.

Student Name Printed

Parent Name Printed

Student Signature

Parent Signature