

License # \_\_\_\_\_

*Please make sure to fill out all areas completely in order for the parking permit to be processed.*

**Lake Shore High School  
Parking Permit Application 2024-2025**

Student Name \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_

Grade Level                      Senior \_\_\_\_\_ Junior \_\_\_\_\_

Telephone Number                      home \_\_\_\_\_ cell \_\_\_\_\_

**Automobile Information (1)**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate # : \_\_\_\_\_

**Automobile Information (2)**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate # : \_\_\_\_\_

**Reason for driving:**

\_\_\_\_\_ Senior/Junior Privilege

\_\_\_\_\_ Work                      Employer Name \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

\_\_\_\_\_ Medical

\_\_\_\_\_ College Courses

\_\_\_\_\_ Sports                      Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

**Lake Shore High School Parking Permit Agreement**

Both the student applicant and their parent/guardian must sign below.

**Affadavit: I have read and accept all of the conditions for parking at Lake Shore High School. I agree to abide to the parking regulations, the criteria for maintaining the permit, and accept the penalties for failure to do so.**

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

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

\_\_\_\_\_  
Administrator Signature