

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 2023-2024**

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