Permit #	
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ONLINE KHS PARKING PERMIT FORM

STUDENT NAME:	
Address:	
HOME Phone:	STUDENT Phone:
Date of Birth:	
Parent/ Legal Guardian Name:	
Emergency Contact Phone Number:	
Primary Vehicle: (You may register mo	re than one vehicle on SAME PERMIT)
Make:	Make:
Model:	Model:
Year:	Year:
Color:	
License Plate Number/State:	License Plate Number/State:
park in my assigned parking space in proper authorities in the event my veh	and/or the removal of my parking privileges. I agree to the designated student parking lot. I will notify the icle information changes. Parent or Guardian signatur You will need the car registration, insurance & license.
Students Signature:	
Parent/Guardian Signature:	
Date:	Must sign regardless of student's age
******ADMINIS Permit # Verifying official please initial next t	STRATIVE USE ONLY************************************
Vehicle Info/Signature Form C	ompleted/ Date Received
Valid Driver License DL state/	number
Valid Registration #	#
Valid Proof of Insurance / Nam	e of Ins. Co.
Amount paid in full \$	10 Yr. (Make checks to Kenwood High)