



STUDENT PARKING PERMIT APPLICATION

Student Name: _____ Student ID# _____

Grade: _____ Phone Number: _____

Student Address: _____

Vehicle Information

Owner of Vehicle: _____

Relation to Student (If not student) _____

Vehicle Make & Year: _____ Vehicle Color: _____

Vehicle Model: _____ License Plate # _____

FOR OFFICE USE ONLY

Parking Decal # _____ Type of Decal **\$20.00 / Student**

Pay: felixvarelaptsa.memberhub.store

Signed Rules Sheet _____ (check)

Copy of License, Registration, and Insurance _____ (check)