

Medical Lake High School Parking Registration Form

Office Use
Only

Permit

Please print:

Student Name: _____ Grade _____

Student Driver's License # _____

Student's Cell Number _____

Insurance Company _____ Policy # _____

<u>VEHICLE #1</u> Make of Car _____ Model of Car _____ Year of Car _____ Type: 2 Door _____ 4 Door _____ Color of Car _____ License Plate # _____ Vehicle Owner's Name _____

<u>VEHICLE #2</u> Make of Car _____ Model of Car _____ Year of Car _____ Type: 2 Door _____ 4 Door _____ Color of Car _____ License Plate # _____ Vehicle Owner's Name _____

**IN ORDER TO RECEIVE A PARKING PERMIT, THE FOLLOWING
DOCUMENTATION MUST BE ATTACHED:**

- Copy of your Driver's License
- Copy of your current insurance card

DRIVER'S AGREEMENT:

I certify that all of the above information is correct. I acknowledge that I will assume full responsibility for any comprehensive or collision claims that may occur while on school property.

Student Signature: _____ Date: _____

PARENT/GUARDIAN PERMISSION:

I give my child/ward permission to drive a car to school. I acknowledge that I will assume full responsibility for any comprehensive or collision claims that may occur while on school property.

Parent/Guardian Signature: _____ Date: _____