

Permit #: _____

Name: _____ Cell #: _____

Drivers License State and # _____ Tag #: _____

Make: _____ Model: _____ Color: _____

Emergency Contact: _____

Emergency Contact Phone #: _____ Alternate #: _____

Additional Information: _____

I certify that I have read and understand the rules and regulations for parking at Patrick Henry Academy. I understand I can lose my parking privilege if I do not abide by these rules.

Signature: _____ **Date:** _____

Guardian Signature: _____

School Use Only:

First Parking Violation: _____

_____ Date: _____

Second Parking Violation: _____

_____ Date: _____

Third Parking Violation: _____

_____ Date: _____

Parking Privilege Revoked: _____ School Official

Date: _____