



Tag #	_____
Cash	_____
Chk	_____
Chrg	_____

Parking Permit Application 2024-2025

Date _____

Check one

_____ Senior

_____ Junior

_____ Sophomore

Driver's License

Insurance

(Office use only)

Incomplete forms will not be accepted.

Student Name

Student Number

Driver's License Number

Insurance Company

Policy Number

Exp. Date

****You must show proof of a valid driver's license and insurance information.****

Year	Make of Vehicle	Model	Plate #	Color
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Year	Make of Vehicle	Model	Plate #	Color
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Students must park in the lot located on the south side of the school.

Violation of parking rules may result in the loss of parking privileges and permit. See rules on back.

Parking permits are not to be shared. Hanger must be visible in the front windshield at all times.

You will park at your own risk. Hill Learning Academy is not responsible for vehicular damage, theft, or loss of property.

Parking Rules read and understood by Student _____
Student's Initials

Student Signature*

Parent Signature*

*I have fully read, understood, and have accepted the terms on this form.