



Date issued _____

Parking Permit # _____

San Dimas High School
Student Parking Permit Application
\$40

Student Name _____ Grade _____

Drivers License # _____ Expiration Date _____

Parent/Guardian Name _____

Address _____ City _____

Home Phone _____ Cell Phone _____

Vehicle Information (Please list all vehicles that are driven to school)

Vehicle #1

Year	Make	Model	Color	License Plate#
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Vehicle #2

Year	Make	Model	Color	License Plate#
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Insurance Information

Auto Insurance Carrier _____

Policy Number _____ Expiration Date _____

Parking on campus is a privilege and will be allowed only with an authorized San Dimas High School parking permit. I understand that my parking pass can be revoked for unsafe driving and that the parking pass fee will not be refunded. The cost of a parking pass is \$40 per school year.

Student Signature

Parent Signature

Copy of student's driver's license and insurance card must be attached to this application.

For office use only

Blue Permit # _____ # _____ # _____