



High School Parking Application

Student Name: _____

Year: _____

Grade Level: _____

Driver's License Number (Attach copy of DL) _____

- I understand that driving to school is a privilege which may be revoked at any time at the discretion of the administration.
- Parking in designated area only.
- Parking pass must be displayed in windshield at all times.
- The cost per student is \$10.00 a month, \$100.00 per school year. Please make checks payable to Morning Star School.

Parent Signature _____ Student

Signature _____

Office use only

Amt. Pd _____ Check # _____ Date _____

Administrator Signature _____

Permit Number _____