



## High School Parking Application

**Student Name:** \_\_\_\_\_

**2020-2021 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** \_\_\_\_\_

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Office use only

Amt. Pd \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

**Administrator Signature** \_\_\_\_\_

**Permit Number** \_\_\_\_\_