

2016-2017 CENTENNIAL HIGH PARKING STUDENT PERMIT CONTRACT

*This application must have all blanks completed. Incomplete applications will not be processed.
Contact Adam Legler with any questions at alegler@bisdmail.net*

Date of Application _____

Parking Permit # _____
Filled out by school

Vehicle License Plate: _____ State: _____

Student (Driver) Information:

DL Number: _____

Last Name _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Vehicle Information:

Insurance Information:

Year: _____

Name of Insurance Company: _____

Make (Chevy, Ford, etc.) _____

Model (Impala, Mustang, etc.) _____

Expiration Date: _____

Color: _____

Policy Number : _____

I have read agreed to the rules and guidelines of CHS on Parking on Campus. Parking on campus is a privilege and can be revoked. Burlison ISD is not responsible for any loss or damages while parked at Centennial High School. I understand that all rules in the student handbook apply to my vehicle with searches. I agree to also take care of any fines I receive in the time frame given or lose my parking privilege.

Student Signature: _____

Classification

Senior - ____

Junior - ____

Sophomore - ____

Freshman - ____