

VHS STUDENT PARKING REGISTRATION FORM

Permit #:_____

Name/Student ID Number:_____

Grade Level:_____

Driver's License Number:_____

Expiration Date:_____

Insurance Carrier:_____

Expiration Date:_____

Vehicle Registered:_____

License Plate:_____

Year:_____

Color:_____

Make:_____

Model:_____

I have read and fully understand the campus expectations that I must follow in order to drive and park a vehicle on the Valencia High School Campus. I further understand that any infractions of the campus expectations may result in the loss of driving privileges, the confiscation of the issued parking permit, and/or vehicle towing at owner's expense.

Student Signature & Date:_____

Parent Signature & Date:_____