LHS Parking Application

Lovejoy High School
2018-2019

Grade Level: _____

Student Name _____

LHS Student ID # _____

Home Address _____

_____

Student Cell ( ) _____ -_____

Parent Cell ( ) _____ -_____

Driver's License Number: _____

Insurance provider _____

Model/Color/Year of Vehicle _____/_____/_____

License Plate Number _____

Parking Number purchased _____

*IT IS THE RESPONSIBILITY OF THE STUDENT TO KEEP THE ABOVE INFORMATION UPDATED AT ALL TIMES WITH MS. BUSTER

_____

FOR OFFICE USE ONLY: COPY OF DRIVERS LICENSE RCVD_____
COPY OF AUTO INSURANCE RCVD_____