

# Wade Hampton High School Parking Application

<b>SCHOOL YEAR</b> 2017-2018
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<b>WHHS PERMIT NUMBER</b> _____
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*Students MUST provide proof of the following documents in order to purchase a Parking Permit:*  
Valid South Carolina Driver's License      Valid Current Vehicle Registration  
Valid Current Insurance Card                  Completed Application with PARENT SIGNATURE

Student Parking Lot Pass: \$50.00       Athletic Complex Parking Pass: \$25.00

## STUDENT & VEHICLE INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

GRADE LEVEL:      Senior      Junior      Sophomore      Freshman  
*(Circle Appropriate Grade Level)*

CAR OWNER'S NAME: \_\_\_\_\_

YEAR, MAKE & MODEL OF CAR: \_\_\_\_\_

COLOR: \_\_\_\_\_ LICENSE PLATE#: \_\_\_\_\_

STUDENT'S DRIVER'S LICENSE # \_\_\_\_\_

INSURANCE PROVIDER: \_\_\_\_\_ POLICY # \_\_\_\_\_

*Parking rules and procedures are printed in the student handbook. It is the responsibility of the student driver to read and follow all driving rules and regulations. Violation can result in serious disciplinary action and permanent revocation of parking privileges.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please print then sign name*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*In case of emergency and parent(s) are unavailable, please contact the following person(s)*

Name: \_\_\_\_\_ Telephone #(s): \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #(s): \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #(s): \_\_\_\_\_