

Wade Hampton High School Parking Application

SCHOOL YEAR _____



WHHS PERMIT NUMBER _____

Students MUST provide proof of the following documents in order to purchase a Parking Permit:

Valid South Carolina Driver's License
Valid Current Insurance Card

Valid Current Vehicle Registration
Completed Application with PARENT SIGNATURE

Parking Fee: \$30.00

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): _____