

**Sandwich High School Parking and Driving Permit**

**Detach and return to the High School office with a fee of \$70.00 (\$35 per semester)**

I, the parent/guardian of the below named student, request that a parking permit be issued for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_  
Parent/Guardian Date

Signed: \_\_\_\_\_  
Student Date

**Vehicle Registration Information**

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
City State

License Plate # \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Year/Make/Model/Color of car: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_

Students' year in school: \_\_\_\_\_

**All students must provide a copy of drivers' license, insurance, & vehicle registration.**

**Office use only:**

**Tag No.** \_\_\_\_\_

**Date issued:** \_\_\_\_\_

**Payment:** \_\_\_\_\_