



ANDREAN HIGH SCHOOL

CHRIST IS MY TEACHER

Parking Agreement School Year 2024-2025

Parking Pass Number: _____ Grade (s) _____

Vehicle Make: _____ Color: _____ Plate: _____

Vehicle Make: _____ Color: _____ Plate: _____

Vehicle Make: _____ Color: _____ Plate: _____

Vehicle Make: _____ Color: _____ Plate: _____

I agree to abide by the Andrean High School Driving and Parking Regulations, as written in the Andrean Student Handbook. All family members using the permit must sign this document.

Student Name: _____

Student Signature: _____

Student Name: _____

Student Signature: _____

Parent Name: _____

Parent Signature: _____

Parent Name: _____

Parent Signature: _____

Home/Work Phone #: _____

Cell Phone #: _____

Insurance Provider: _____

Expiration Date: _____