

ANDREAN HIGH SCHOOL

Parking: Agreement



School Year 2022-2023

Permit 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 on the reverse of this form. All family members using permit must sign.

Student Name: _____ Student Signature: _____
(Please print)_

Student Name: _____ Student Signature: _____
(Please print)

Student Name: _____ Student Signature: _____
(Please Print)

Parent Name: _____ Parent Signature: _____
(Please Print)

Parent Name: _____ Parent Signature: _____
(Please Print)

Home/Work Phone Number: _____ Cell Phone Number: _____

Insurance Provider: _____ Expiration Date: _____
(Company name)