Wheeler High School Application for Student Parking

For office use only:
Permit No:
Fee:

Directions: Please fill in all blank spaces sign below.	The state of the s	
Student's Name:	Home Phone:	
Address:		·
Parent(s) Name:	Parent Work Phone:	
Make of Car:		
Color of Car:		
rules and regulations as set forth in the na	indbook. Furthermore, I give m	ree to comply with the ny written consent to of the vehicle I have
school officials and local law enforcement registered above.	at agencies to conduct a search of	ny written consent to
school officials and local law enforcement	at agencies to conduct a search of	ny written consent to
school officials and local law enforcement registered above.	e our permission for our son/datal. I/We understand that if our swheeler High School administred. I/We further agree that by a lofficials and officials of local	ughter to operate a motor son/daughter vehicle may be signing this permission
school officials and local law enforcement registered above. Applicant's Signature: NOTE: Parent's permission: I/We give vehicle and drive to Wheeler High Schoo of the rules and regulations as set by the Vowed or driving privileges may be revok form I/we are giving permission to school	e our permission for our son/datal. I/We understand that if our son Wheeler High School administred. I/We further agree that by a lofficials and officials of local le I/we have registered above.	ny written consent to of the vehicle I have ughter to operate a motor on/daughter violates any ration the vehicle may be signing this permission

** FORM MUST BE COMPLETELY FILLED OUT **