

# Fairview High School Parking Application

New Drivers to FHS must first take the Checkpoint Training Class prior to purchasing a parking pass.

Date taken \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

(Print clearly!)

Driver's License Number \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Insured by \_\_\_\_\_ Policy Number \_\_\_\_\_

(Insurance Company)

Permit number \_\_\_\_\_ Payment by      check      cash      online

