



Poston Butte High School

32375 N Gantzel Rd. San Tan Valley, AZ 85143

Phone: 480-474-6100 Fax:480-888-0679



2017-2018 Parking Permit Application

Copies of the Student's Driver's License, Insurance card and Registration for each vehicle will be required before a parking permit is issued

Name: _____

Student ID: _____ Grade: 9 10 11 12 Staff: ___ Kitchen: ___ Custodial: ___

Address _____

Main Vehicle License Plate# _____

Color: _____ Year: _____ Make: _____ Model: _____

Secondary Vehicle License Plate# _____

Color: _____ Year: _____ Make: _____ Model: _____

Driver's License Number & State: _____ (State) Number: _____

Students Insurance Information:

Insurance Company _____

Policy Number _____

I, Parent and Student, agree to follow all the guidelines in the student handbook regarding the parking privileges of Poston Butte High School.

Parents Signature _____

Students Signature _____

Date _____

Office Use Only

Paid: ___ **VEH: 1** **VEH: 2**

Parking Permit # _____

Insurance Copy: ___ ___

Staff Assigning Permit _____

Registration Copy: ___ ___

Date _____

DL Copy: ___ ___