



# Poston Butte High School

32375 N Gantzel Rd. San Tan Valley, AZ 85143

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



## 2018-2019 Parking Permit Application

**Copies of the Student's Driver's License, Insurance card and Registration for each vehicle will be required, along with all student fees being current and up-to-date, before a parking permit is issued.**

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Grade: 9 10 11 12 Staff: \_\_\_ Kitchen: \_\_\_ Custodial: \_\_\_

Address \_\_\_\_\_

**Main Vehicle (\$40)** License Plate# \_\_\_\_\_

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

**Secondary Vehicle (\$5)** 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:** \_\_\_ \_\_\_