

Western Branch High School
2018-2019 Student Parking Application

Name: _____ Grade: _____ Student ID#: _____

Parent/Guardian(s) Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Parent Contact #: _____

Vehicle Information

Vehicle #1 Year: _____ Make & Model: _____

Color: _____ Plate Number: _____ State: _____ Expiration: _____

Vehicle #2 Year: _____ Make & Model: _____

Color: _____ Plate Number: _____ State: _____ Expiration: _____

We have read, understand and will obey the WBHS parking regulations. We also understand that these regulations may be updated during the course of the school year as deemed necessary by school administration. We further understand that any violation of these regulations can result in disciplinary actions, fines, and/or revocation of parking privileges.

Parent/ Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Office Use Only

Cleared of all obligations? (Initial one) Yes ____ No ____

Date Issued: _____

Lot assigned: Bruin Terry Space # _____