

Assigned Parking Placard Number _____

Date received from Student: _____

**Cherry Hill High School West
Application for a Student Parking Permit**

Grade: _____

H.R.: _____

Date: _____

Name of Applicant: _____

Address: _____

Driver's License Number: _____ State: _____

Vehicle License Plate Number: _____ State: _____

Insurance Company Name: _____

Insurance Policy Number: _____

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

Name of Registered Owner of Motor Vehicle:

Name: _____

Address: _____

Student's Cell Phone Number: _____

Parent/Guardian's Name and Cell Phone Number: _____

Refund Policy: Refunds will be issued up to five (5) school days after acceptance of the student parking placard

Student's e-mail address: _____

Parent/Guardian's e-mail address: _____

FOR OFFICE USE ONLY:

Date of Placard Acceptance: _____ Check No.: _____

Student's Signature: _____

Campus Police Officer's Signature: _____

Currency is not accepted. Checks or money orders only; made payable to: Cherry Hill High School West