

Green Hope High School
JUNIOR
Application for Parking on Campus
SPACE #: _____

Your application for parking on GHHS campus will be denied if all fees and fines have not been cleared & a copy of your license is not attached to your application when you come on the specified date to pick up your parking tag.

Student Name: _____ Grade for 2007-08: _____

Student North Carolina Driver's License #: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____

Parent's Work Phone: _____; _____

Parent's Cell Phone: _____; _____

Parent's Email: _____

By signing this document, we have read the parking rules and procedures established by the Wake County Public School System. We understand that abuse of any of these provisions may result in towing, fines, and/or revocation of parking privileges for the remainder of this school year. We further understand that GHHS may revoke parking privilege as a disciplinary consequence or violation of local school rules. We are aware that the school administration might require a student to allow administrators to inspect the interior of his/her car while parked on or seize a vehicle on campus per Wake County School Board Policy 6600. We understand, and agree to abide by each and ALL parking regulations outlined by the Wake County Public School System and Green Hope High School.

(Student Signature & Date)

(Parent Signature & Date)

VEHICLE DESCRIPTION(S)

that student will be parking on GHHS campus

Year:

Year:

Make:

Make:

Model:

Model:

Color:

Color:

Plate #:

Plate #:

Vehicle Registered to:

Vehicle Registered to: