



Student Parking Permit

Name _____ Focus ID _____

Driver's License # _____ State _____

Program enrolled _____

Vehicle Owner *(if different than above)* _____

Year _____ Make _____ Model _____

Color _____ Tag # _____ Decal # _____
(To be given by registration)

I agree to abide by all state, county and school laws and policies. I understand that if I violate these policies, I may be subject to my driving/parking privileges revoked, fines, school suspension, or arrest.

Student Signature _____ Date _____

For dual and secondary enrollment students:

Parents Signature _____ Date _____

Please complete and bring to your registration appointment.