

Student and Vehicle Information Form

Please print clearly and fill out completely

Student Name: _____

Grade: _____

N# _____

Vehicle Make: _____

Model: _____

Color: _____

Year: _____

Driver's License #: _____

License Plate: _____

Parent Name: _____

Parent E-Mail Address: _____

Parent Phone Number: _____

Office Use Only

Permit #: _____

_____ Proof of Insurance

_____ Proof of Registration

_____ Proof of Driver's License

_____ Student Parking \$35

Cash _____

Check _____

MUST HAVE

SIGNATURES, PAYMENT, AND ALL PAPERWORK UPON TIME OF PURCHASE

I understand that parking on the campus of Riverview High School is a privilege and not a right. I have read and understand all the rules regarding parking. I will abide by the rules and regulations. I understand that failure to follow the rules could result in a ticket, discipline referral and/or loss of parking privilege.

Student Signature

Date

Parent Signature

Date