

Date Rec'd _____ TagNumber _____ Amount\$ _____ Ck# _____
To be completed by office – Do not write above this line

(Complete and Return to Curriculum Office)

Parking Application

Name _____

Student ID Number _____ Grade _____

Valid Tennessee Driver's License # _____

Address _____

Home Phone _____ Parent Cell _____

List the following information for each car which may be driven on campus:

Auto License #	Model	Color	Year	Vehicle registered to:

_____ *has my permission to drive to school and understands that he/she will be denied this privilege, be subject to tow and/or fines, or the loss of driving privileges if parking rules are violated. We understand the Farragut High School parking rules and procedures and agree to abide by them.*

Student Signature _____ Date _____

Parent Signature _____ Date _____