

2024-2025 Student Parking Application

THE FOLLOWING PAPERWORK MUST BE SUBMITTED WITH THIS APPLICATION.

COPY MACHINE WILL NOT BE AVAILABLE.

*Completed NHS Parking Application (This form) *Signed Parking & Driving Policies (found on the Nova High website) *Signed Parking Registration Form (found on the Nova High website) *Copy of Driver's License *Copy of Vehicle Registration *Proof of Insurance (showing student as listed/rated driver) *Receipt of Decal Purchase

Student name:	Student ID:
Address:	City, St, Zip:
Student Cell Phone:	Parent Cell Phone:
Driver's License #:	Tag #:
Vehicle Year:	Vehicle Make & Model:
Vehicle Color:	Tag #:
Insurance Co:	Policy #:
Emergency contact name:	Emergency Contact Number:

I, ______ (print name) a student of Nova High School, understand that my parking privilege may be withdrawn should I fail to abide by the NHS rules and regulations stated on the NHS student parking and driving policies.

Student signature: _____ Date: _____

I, ______(student name), parent/guardian of ______(student name) a student at Nova High School, hereby grant permission for my child to drive a motor vehicle to Nova High School. I understand that parking on campus is a privilege and can be withdrawn should my child fail to abide by the rules and regulations on the parking application, parking & driving policies, GPA falls under 2.0, excessive tardies and/or absences or for any additional reason decided by administration.

Parent signature: _____ Date: _____