

Leadership/Student Gov't. ☐

Position/Office _____

DECAL # _____

DO NOT WRITE IN THIS SPACE

STUDENT

SOUTH PLANTATION HIGH SCHOOL

PARKING DECAL APPLICATION

2023-2024

Student # _____ Name: _____ Grade _____

Home Address: _____ Phone: _____

Name(s) of Parents/Guardians: _____

Name in which vehicle is registered: _____

Plate# _____ Make/Model _____ Color _____ Year _____

I agree to abide by the school parking regulations, and I have received a copy of the rules. I understand that a car parked on campus must be registered and insured as required by Florida Statutes. I understand I must be present to provide my official signature when picking up my decal.

Signature of Student _____ Date: _____

DO NOT WRITE IN THIS SECTION

Obligations: _____

GPA

CREDITS

Student has presented the following documentation required to receive a parking permit:

☐

Valid Florida Driver's License

☐

Current Florida Vehicle Registration in the name of the student or parent/guardian.

☐

Current proof of insurance for the vehicle that will be parked on campus.

Signature of issuing official: _____ Date: _____