

TAYLOR HIGH SCHOOL
PARKING REGISTRATION FORM 2025-2026

****YOU WILL NEED TO SHOW PROOF OF INSURANCE AND VALID DRIVER'S LICENSE AND PAY
\$5.00****

STUDENT
NAME: _____ ID# _____ DOB: _____ GRADE _____
ADDRESS: _____ CITY: _____ ZIP CODE: _____
PARENT'S NAME: _____ PARENT WORK NUMBER: _____
MAKE OF CAR: _____ YEAR: _____ MODEL: _____ COLOR: _____
LICENSE PLATE: _____ DRIVER'S LICENSE #: _____
INSURANCE CO: _____ INSURANCE EXPIRATION DATE: _____

Your paragraph text

I understand and agree that I am responsible for my behavior and conduct with the motor vehicle I will drive to Taylor High School. I understand that I may lose my privilege to park or even to have my car towed if I drive or park irresponsibly. My assigned administrator can only reinstate this privilege.

The Taylor High administration reserves the right to refuse to grant a permit should there be sufficient evidence to indicate that the student seeking the permit has acted in an irresponsible manner in the past.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

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PERMIT #: _____ ISSUED BY: _____ DATE: _____ \$5.00 PD: _____

(Stick the permit pass on your lower right hand corner of the windshield)