

APPLICATION FOR DRIVING/PARKING PERMIT 2025 – 2026

1. INFORMATION:

Student Name _____

Grade level:

Senior _____ Junior _____ Sophomore _____ Freshman _____

Address (Number, Street & Direction)

(City, State, Zip Code)

2. COMMITMENT: *We understand that parking for students who wish to drive is a privilege at Grand Rapids Christian High School and is not guaranteed. We have read and understand the driving/parking policies at Grand Rapids Christian High School and meet all of the [guidelines described in Section A](#). We also understand that violations of the parking policies will result in fines, loss of driving privilege, or suspension.*

Parent/Guardian

Date

Student

Fill out the following information (if available) and turn it in with this application. If you do not know this information yet, please bring it along to orientation or to the main office when you come to pick up the parking permit sticker.

Last Name		First Name	
Grade		License Plate #	
Make		Year	
Model		Color	