Camden County High School Parking Permit

Notice to Driver: A separate registration MUST be filled out for each vehicle.			Parking Permit Number
Please notify administration is	f this vehicle is sold.		
Name of Driver:		Drive	r's License #
Grade	Drug Testing Perm	ission Form Submi	itted YES NO
Name of Vehicle Owner:			
Home Address of Vehicle Ow	ner:		
Telephone(s):			

Make of Vehicle: (Ex. Ford, Dodge, Honda)			
Model of Vehicle: (Ex. F150, Camaro)			
Year of Vehicle:	Color of V	ehicle:	
License Plate Number:	Vehicle ID	Number:	
*******	******	******	**********
By signing this application for	a campus parking pe	rmit, I acknowledge	e the following:
with and may not obsome when present on school is a drug testing program Students must park in may be subject to a tile. Permits MUST be disposed in order to get a parking passion.	truct or interfere with ool property or at a so privilege, NOT a right. described in Camden designated parking so cket or towing or bot played at all times har	n a reasonable sear hool activity (even Accordingly, the s County Schools Bo spaces ONLY. Vehic h at the expense of nging from the rear	les parked in unauthorized areas the student or the vehicle owner. view mirror of the vehicle.
driver's license and \$20.			
Student Signature	Date	Parent Signat	ture Date