

Tag# _____ Date _____

Please make sure to fill out all areas completely in order for the parking permit to be processed.

Lewiston-Porter High School Parking Permit Application 2025-2026

Student Name: _____ Homeroom Teacher: _____

Address: _____

City, State, Zip: _____

Student Email: _____

Telephone number: (h) _____ (c) _____

_____ Senior _____ Junior

Automobile information (1): Year: _____ Make: _____

Model: _____ Color: _____ License Plate #: _____

Automobile information (2): Year: _____ Make: _____

Model: _____ Color: _____ License Plate #: _____

Reason for driving:

_____ Senior Privilege

_____ Work Employer name: _____

Employer phone number: _____

_____ Medical _____ College Courses

_____ Sports Fall: _____ Winter: _____

Spring: _____ Other: _____

Do you hold a valid driver's license? YES NO Driver's License # _____ - _____ - _____

Lewiston-Porter High School Parking Permit Agreement

Both the student applicant and their parent/guardian must sign below.

Affidavit: I have read and accept all of the conditions for parking at Lewiston-Porter High School.

I agree to abide to the parking regulations, the criteria for maintaining the permit, and accept the penalties for failure to do so.

(Student's signature)

(Date)

(Parent's signature)

(Date)

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