

Fond du Lac High School Parking Permit Application

Office Use

Name _____ Grade _____
(Last Name) (First Name)

Car _____
(Year) (Make) (Model)

Color _____ License Plate Number _____

I have read the rules concerning the use of school parking lots. I agree to abide by those rules.

(Student Signature) (Date)

I agree that my child should be issued a parking permit. I have read the information regarding the use of school parking lots.

(Parent/Guardian Signature) (Date)