Single Permit Registration Form

Permit #: _____

Personal Information:

Last Name: _____ First Name: _____

Driver's License # ___ ___ ___ ___ ___ ___ ___ ___ GRADE:_____

Vehicle Information:

License Plate #: ___ ___ ___ ___ ___ ___ ___ Year: _____

Make:_____ Model: _____ Color: _____

Registered Owner: _____

We certify the accuracy of the above statements and agree to follow the carpool and parking rules described in the 2019-2020 Gunn Parking Regulations (online at https://www.gunnsec.org/parking-permits.html).

_____ _____

Student *Date* *Parent/Guardian* *Date*

_____ _____

Student *Date* *Parent/Guardian* *Date*