

Dade County High School Parking

Office Use #:

Student Name _____ Drivers License # _____

Address _____ City _____

Tag # _____ Tag State _____

Insurance Company _____ Emergency Phone # _____
(A copy of your insurance card and your drivers license must be on file)

Vehicle Description 1:

Make _____ Model _____ Color _____

Vehicle Description 2:

Make _____ Model _____ Color _____

I understand the driving policies & procedures established by the Dade County School System.

Student Signature _____

Date _____

Parent Signature _____

Date _____

Temporary Parking

Temporary Parking Permit must be visible and placed on dashboard until official pass has been issued

Permit

Submit this form to the front office at the time of purchase. Permits must be purchased by Tues after Labor Day