



# BISHOP CONNOLLY HIGH SCHOOL

## PARKING PASS 2018-2019

NAME	
GRADE (2018-2019 SCHOOL YEAR)	
STREET ADDRESS	
TELEPHONE NUMBER	
DRIVER'S LICENSE NUMBER	
EXPIRATION DATE	
INSURANCE CARRIER	
POLICY NUMBER & EXPIRATION DATE	
MAKE/MODEL OF VEHICLE	
COLOR OF VEHICLE	
YEAR OF VEHICLE	
LICENSE PLATE NUMBER	

I have read the guidelines established for parking privileges and understand that violations may mean suspension of privileges and/or disciplinary action.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE/DATE

\_\_\_\_\_  
STUDENT SIGNATURE/DATE